# BEFORE THE DIVISION OF MEDICAL QUALITY MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Accusation Against:	) )
JAMES H. BLAND, M.D. Certificate No. A-43584 Respondent	) No. D-5668 ) .)
DECIS	SION
The attached Stipulation is Medical Quality as its Decision i	nereby adopted by the Division of n the above-entitled matter.
This Decision shall become e	ffective on <u>March 9, 1995</u> . ry 7, 1995 .
By:	IRA LUBELL, M.D. Chairperson, Panel A Division of Medical Quality

DANIEL E. LUNGREN, Attorney General of the State of California JANA L. TUTON Supervising Deputy Attorney General DANIEL J. TURNER Deputy Attorney General 4 1515 K Street, Suite 511 P.O. Box 944255 5 Sacramento, California 94244-2550 Telephone: (916) 327-7852 6 Attorneys for Complainant 7 8 BEFORE THE MEDICAL BOARD OF CALIFORNIA 9 DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA 10 11 In the Matter of the Accusation No. D-5668 Against: 12 JAMES H. BLAND, M.D. STIPULATION 13 1607 11th Street, S.W. Minot, ND 58701 14 Respondent. 15 16 The parties to this action stipulate and agree as 17 follows: 18 1. Respondent JAMES H. BLAND, M.D., (hereinafter "respondent"), was heretofore issued Physician and Surgeon 19 20 Certificate No. A-43584 to practice medicine under the laws of 21 the State of California. Said certificate is presently current 22 and in full force and effect. 23 On or about February 2, 1994, an accusation 24 bearing number D-5668 was filed by Dixon Arnett, Executive 25 Director of the Medical Board of California, in his official 26 capacity as such. The accusation alleged causes of disciplinary

action against respondent, and is incorporated hereby by

б

reference as though fully set forth at this point. Accusation number D-5668 alleges that respondent is subject to disciplinary action pursuant to Business and Professions Code section 2234. Respondent was duly and properly served with accusation number D-5668, by certified mail.

- 3. Respondent has retained Robert J. Lamont, as his attorney in this matter. Respondent has fully discussed with his counsel the charges and allegations of violation of the California Business and Professions Code alleged in accusation number D-5668 and has been fully advised of his rights under the Administrative Procedure Act of the State of California, including his right to a formal hearing and opportunity to be defended against the charges contained therein, and reconsideration and appeal of any adverse decision that might be rendered following said hearing. Respondent knowingly and intelligently waives his rights to a hearing, reconsideration, appeal and to any and all other rights which may be accorded him pursuant to the Administrative Procedure Act regarding the charges contained in accusation number D-5668 subject to the provisions of paragraph 6 herein.
- 4. Respondent, without admitting or denying the allegations in the accusation, stipulates for the purpose of this proceeding and any other proceeding between the parties and any other action taken by and before any governmental body responsible for licensing, that the following allegations shall be deemed to be true and that the Division of Medical Quality shall have jurisdiction to impose the order set forth in this stipulation:

Respondent is subject to disciplinary action pursuant to sections 2234 and 2305 of the Code for the following:

- A. On or about April 21, 1989, the U.S. Army permanently revoked respondent's clinical privileges. A copy of the U.S. Army's order is attached hereto as Exhibit A.
- B. On or about December 29, 1992, the Department of the Air Force revoked respondent's clinical privileges for failure to give truthful and correct answers on his application for clinical privileges. A copy of the Air Force order is attached as Exhibit B.
- C. On or about September 14, 1993, the North Carolina Board of Medical Examiners disciplined respondent including revocation of respondent's medical license, revocation stayed, two years probation and requiring respondent to take a psychiatric evaluation.
- 5. Based on the foregoing stipulation, the Division of Medical Quality, Medical Board of California, may issue the following order:
- A. The license to practice medicine and surgery in the State of California issued to respondent is hereby revoked, provided, however, that execution of this order of revocation is stayed and respondent is placed on probation for five (5) years upon the following terms and conditions:
- (1) Should respondent decide to reside or practice medicine in California, at least 30 days before doing either, respondent shall notify the Division in writing of his intent to do so.

**.** 

۷<del>۷</del>

either taking up residency or practicing medicine in California, respondent shall take and pass an oral exam in psychiatry to be administered by the Division or its designee. If respondent fails this examination, respondent must take and pass a reexamination consisting of a written as well as an oral examination. The waiting period between repeat examinations shall be at three month intervals until success is achieved. If respondent fails the first examination, respondent shall cease the practice of medicine until the re-examination has been successfully passed, as evidenced by written notice to respondent from the Division. Failure to pass the required examination no later than 100 days prior to the termination date of probation shall constitute a violation of probation. Respondent shall pay the costs of all of the above examinations.

or practices medicine in California respondent shall maintain a record of all controlled substances prescribed, dispensed or administered by respondent during probation, showing all the following: 1) the name and address of the patient, 2) the date, 3) the character and quantity of controlled substances involved, and 4) the indications and diagnosis for which the controlled substance was furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order, and shall make them available for inspection and copying by the Division or its designee, upon request.

(4) Within 60 days of the effective date of this decision, respondent shall submit to the Division for its prior approval a course in Ethics, which respondent shall successfully complete during the first year of probation.

(5) While residing or practicing medicine in California respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined by Section 4211 of the Business and Professions Code, or any drugs requiring a prescription.

Orders forbidding respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to respondent for a bona fide illness or condition by another practitioner.

- (6) Respondent if residing or practicing medicine in California, shall immediately submit to biological fluid testing, at respondent's cost, upon the request of the Division or its designee.
- (7) Within 60 days of respondent either taking up residency or practicing medicine in California, respondent shall submit to the Division for its prior approval a course in Ethics, which respondent shall successfully complete during the first year of probation.
- (8) Within 30 days after respondent either takes up residency or practices medicine in California, respondent shall be evaluated by the Division's Diversion

Program. Should the Division's Diversion Program thereafter determine that respondent is eligible for the Diversion Program, respondent shall enroll and participate in the Diversion Program until the Division determines that further treatment and rehabilitation is no longer necessary. Quitting the program without permission or being expelled for cause shall constitute a violation of probation by respondent.

(9) If respondent is residing or practicing medicine in California respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in California.

(10) If respondent is residing or practicing medicine in California respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all conditions of probation.

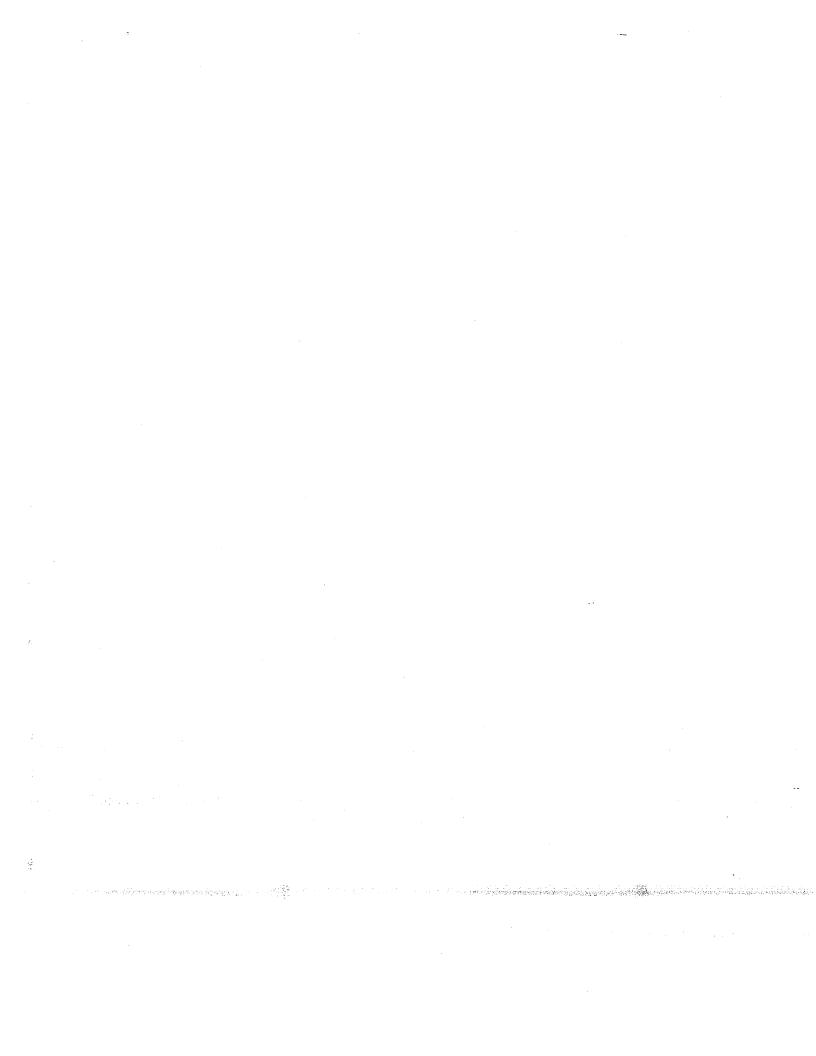
(11) If respondent is residing or practicing medicine in California respondent shall comply with the Division's probation surveillance program.

(12) If respondent is residing or practicing medicine in California respondent shall appear in person for interviews with the Division's medical consultant upon request at various intervals and with reasonable notice.

(13) The period of probation shall not run during the time respondent is residing or practicing outside the jurisdiction of California. If, during probation, respondent moves out of the jurisdiction of California to reside or practice

```
1
   elsewhere, respondent is required to immediately notify the
   Division in writing of the date of departure, and the date of
2
   return, if any.
4
                        (14) Upon successful completion of probation,
5
   respondent's certificate will be fully restored.
6
                        (15) If respondent violates probation in any
   respect, the Division after giving respondent notice and the
8
   opportunity to be heard, may revoke probation and impose the
   revocation that was stayed. If an accusation or petition to
10
   revoke probation is filed against respondent during probation,
    the Division shall have continuing jurisdiction until the matter
11
   is final, and the period of probation shall be extended until the
12
   matter is final.
13
14
   111
15
   ///
16
   111
    111
17
18
    111
19
    111
20
    111
21
    1//
22
    111
23
    111
24
    ///
25
    111
26
    ///
```

1	6. It is agreed that the terms set forth herein shall
2	be null and void and not binding upon the parties hereto unless
3	approved by the Medical Board of California of the State of
4	California.
5	DANIEL E. LUNGREN, Attorney General
6	of the State of California
7	
8	DATED: 4-16-94 (10mm) hum
9	Daniel J./ TURNER Deputy Attorney General
10	Attorneys for Complainant
11	21/21 MX 1
12	DATED: 4/199 Four String
13	ROBERT J. ĮAMONT
14	Attorney for Respondent
15	DAMED. 8/20/94 Save 17 Bland no.
16	DATED: ///
17	JAMES H. BLAND, M.D.
18	Respondent
19	
20	
21	
22	
23	
24	
25	
26	
27	





## DEPARTMENT OF THE ARMY OFFICE OF THE SURGEON GENERAL 5109 LEESBURG PIKE FALLS CHURCH, VA 22041-3258



May 5, 1989

Quality Assurance Division

Bryant L. Galusha, M.D.
Executive Vice President
Federation of State Medical Boards of the
United States, Inc.
2630 W. Freeway, Suite #138
Fort Worth, Texas 76102-7199

Dear Doctor Galusha:

Information is provided on the following named physician whose clinical practice privileges were revoked

Name:

Bland, James H.

Date of Birth/SSAN:

Degree:

Rastern Virginia Medical School

MD, 1983

Specialty:

Psychiatry

Action Taken:

Marijuana was found in urine sample of CPT Bland. He was offered a court martial by the Commanding General, but, was permitted to resign for the good of the service. His resignation request was returned approved on 20 April 1989. CPT Bland will receive a less-than-honorable discharge and has 14 days till separation.

Date of Orginial Action:

21 April 1989

If additional information is required it may be obtained from:

Chief, Provider Actions Branch
Office of The Surgeon General, HQDA (SGPS-PSQ)
5109 Leesburg Pike, Falls Church, VA 22041-3258

Sincerely,

TRUE CERTIFIED COPIES
BY DASG-PSQ



Lieutenant Colonel, Medical Corps Chief, Provider Actions Branch

<i></i>				
For use of this form, see AR	40-66; the ord	ponent agency is The	Office of Th	e Surgeon General
1. Practitioner's Name	2. SSN	3. Rank/Branch	4. Date of	Birth (mm/dd/yy)
BLAND, JAMES H.	-	CPT?MC		(, 227, 37)
5. Medical/Dental Treatmen	r Facility 6		ion Initial	Portodio Tii
Darnall Army Community Hosp	oital (	· Reddoll Tot, addmitae	( )	
Fort Hood, Texas 76544-506	3		( )	( ) (X)
7. Date of Original Action	: 8. Method o	f Problem Identifica	tion: (e.g. p	atient other era
04 21 89		or, QA System, etc.	. (************************************	January John Sta
9. Military ( ) Civ	ilian ( )	10. Clinical Specia	lty:	
	ivil Svc ()	Board Certifi	cation: ( )	Yes ( ) No
	ontracted ()		(If app	licable)
USUHS () O	ther (specify)	Licensure (give	state(s) and	Expiration Date(
Reservist ( )				
11. School (Med, Dent, Nur	sing, etc)	12. Postgraduate CH	E (give locat	ion(s) and $date(s)$
Name:				
Degree: Date Graduated:				
Jace Graduated:				
13. Copy provided appropria	te pranch: (a)	You () You (TE	no choaifi	<b>7</b> \
and broaded appropria	re branch. (X)	162 () 40 (11	no, specify	reason)
		-		
( ) TEMPORARY		( )	PERMANENT	
( ) Limited Suspension (ext	ent and duration		d Revocation	(extent)
		( ) 2222	- 110,000,000	(Cheche)
( ) Total Suspension (durat	ion)	( ) Total	Revocation	•
( ) Other (specify: e.g. Te		( ) Other	(specify)	
to non-clinical du	ties)			
		EASON FOR ACTION		
( ) Alcohol/Drug abuse (spe	cify)		.competent ski	
( ) Conduct/Behavior			,	ity (specify)
( ) Psychiatric	•	( ) Ot	her (specify)	
16. FURTHER ACT	TONG		17 400 777	ONL I COMMENTO
	ng Completed D	1210:	17. ADDITI	ONAL COMMENTS
1. Separated for cause ()	( )	No CHAMOZ		
2. Resigned ()	(x) 05 (	13 80		
3. Retired ()	( )	,3 0)		
4. Flag ()	( )		•	
5. Special pay removal ()	( )	TRU	GERTIFIED COPIES	
6. Training (specifiy) ()	( )	BY DAS	G-PSO G-PSO	The same of the sa
7. Other (specify) ()	( )		TAIN !	· · ·
	18. RESTOR	ATION OF PRIVILEGES		
Limited Restoration (specif	у)	Date	of Action	
Total Restoration		Date	of Action	
D-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	AND STREET		The largest country to the second section of the section of the second section of the section of the second section of the section of the second section of the section of the second section of the se	
Preparer	Releas			
Name: COL,			Colonel, Medi	
Title: DGCS	Title:	1	for Clinical	Services
Phone Number: Dat AV 738-8482 05	e: Signat	ure		
				<u>r</u>
DA FORM 5375-R (TEST) See R	everse for Inst	ructions on completi	on or this fo	orm.

ها با ها بر						
of this form, see AR 40	)-66; the prot	onent age	ncy is The	Office of The	e Surgeon Birth (mm/	General dd/ww)
ractitioner's Name	2. SSN	J. Rank	/Branch	4. Date of	PIELLI (IIIII)	— -,,
AND, JAMES H.		CPT/MC			7 11	Ti-al
5. Medical/Dental Treatment		. Reason f	or submiss	sion Initial (X)	Periodic ( )	Final ( )
Darnall Army Community Hospita Fort Hood, Texas 76544-5063	11				* -	
7. Date of Original Action:	8. Method o	f Problem	Identifica	ation: (e.g. p	actent, o	ther star.
21 April 1989	Supervis		stem, etc.			
Volunteer ( ) Civ	ian ( ) il Svc ( ) cracted ( ) er (specify)	Boa EC: Lice Cal	ard Certif FMG # N nsure (giv ifornia, C		Yes (X) plicable) d Expirati	on Date(s
<pre>11. School (Med, Dent, Nursi    Name: Eastern Virginia Me    Degree: MD    Date Graduated: 06 18 83</pre>	dical School	Internsh of San Residend of San	ip, Letter Francisco cy, Letterr Francisco	HE (give loca rman Army Medi , California, man Army Medic , California, If no, specify	07 01 83 t al Center, 07 01 84 t	to 06 30 8 , Presidio
13. Copy provided appropriate	e branch: (X	) Yes	( ) 40 (			
				- N DEDWANDAR		
( ) TEMPORARY			( ) ; ; ; ; ; ;	X) PERMANENT ted Revocation	(extent)	
( ) Limited Suspension (exte	nt and durati	on)	( ) rimr	red Kelocario.	. (0,	
<ul><li>( ) Total Suspension (durati</li><li>( ) Other (specify: e.g. Tem to non-clinical dut</li></ul>	p assignment			l Revocation		
	16	REASON FO	P ACTION		······································	
(X) Alcohol/Drug abuse (spec				Incompetent s	kills	
( ) Rechol/Drug abuse (spect ( ) Conduct/Behavior ( ) Psychiatric	.ily) Hailjua	lia	( )	Medical Disab Other (specif	ility (spe	ecify)
	· .			17. ADDI	TIONAL CO	MMENTS
ACTION Pendir  1. Separated for cause ()  2. Resigned ()  3. Retired ()  4. Flag ()  5. Special pay removal ()  6. Training (specifiy) ()  7. Other (specify) ()	Completed ( ) ( ) ( ) ( ) ( ) ( ) ( )		CPT Bland by the Cor to resign resignati on 20 Apr a less-th days unti	was detected  He was offemmanding Gener for the good on request was il 1989. CPT an-honorable of 1 separation.	in urine sered a countries, but, vof the sere turned Bland will discharge	sample of rt martia was permirvice. Happroved 1 receive
		ORATION O	F PRIVILEG	ES ite of Action		
Limited Restoration (specif	<b>y</b> ·)		Da		datat i saagaa katta ka 18	
7 tal Restoration	TRUE CERTIFI BY DASG-PSQ	MED		ite of Action		
Preparer Name: J. Title: Deputy Commander for Phone Number: Dat AV 738-8482 DA FORM 5375-R (TEST) See F	Name Clin SVc Titl e: Sign 04 21 89	Le: Deputy	Commander		cal Corps Services	especialistica de la constantida



### DEPARTMENT OF THE ARMY OFFICE OF THE ASSISTANT SECRETARY WASHINGTON DC 20310-1801 2 8 MAR 1989



SAMR-RB

MEMORANDUM FOR COMMANDER, U.S. TOTAL ARMY PERSONNEL COMMAND

SUBJECT: Resignation for the Good of the Service (CPT James H. Bland, MC.

The recommendation of the Department of the Army Ad Hoc Review Board that the resignation for the good of the service tendered by CPT James H. Bland, MC, be accepted with issuance of an under other than honorable conditions discharge, is approved.

Deputy Assistant Secretary
(DA Review Boards and Equal Employment
Opportunity Compliance and Complaints Review)

SEP-890503 SHP-890602 CODE-DFS BAG#-227

RUE CERTIFIED COPIES
BY DASG-PSQ

HSXI-HOS-PO (AFVB-JA-TDS/20 Jan 89) (635a) 1st End Mr Altman/AV 738~8383 SUBJECT: Resignation for the Good of the Service

Cdr, Medical Company, USA MEDDAC, Fort Hood, TX 76544-5063 25 January 1989 THRU:

Cdr, USA MEDDAC, Fort Hood, TX 76544-5063 &6.

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CPA, Fort Hood, TX 76544-5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandria, VA. 22332-0400

- 1. Recommend approval. Recommend a Discharge Certificate, DD Form 794A, (Under Other Than Honorable Conditions) be issued.
- 2. Conditions of paragraph 1~3d(1), AR 635~120 do exist. CPT(P) Bland is pending Courts Martial for violation of Article 112a, UCMJ, for use of marijuana. He was identified through urinalysis. He currently has an active duty obligation through 21 April 1992.
- 3. Necessary action will be taken to adjust and close any public property or financial accounts of the officer concerned, if applicable.
- 4. Officer will be scheduled for medical examination in accordance with paragraph 2-1, AR 635-120.

31 Encls

CPT, MS Commander

TRUE CERTIFIED COPIES
BY DASG-PSQ

o<mark>negatinggrapsungst</mark>ypinggrapsungtwikkingspiking ocerek dam flyfit fyrmanik<sub>e s</sub>ocial prin i social social og pl

HSXI-HOS-PO (AFVB-JA-TDS/20 Jan 89) (635a) 2d End Mr Altman/AV 738-8383 SUBJECT: Resignation for the Good of the Service

Cdr, USA MEDDAC, Fort Hood, TX 76544~5063 25 January 1989

#### THRU:

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CPA, Fort Hood, TX 76544~5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandría, VA. 22332-0400

Recommend approval. Recommend a Discharge Certificate, DD Form 794A, (Under Other Than Honorable Conditions) be issued.

31 Encls

Colonel, Medical Corps Commanding

TRUE CERTIFIED COPIES
BY DASG-PSQ

	<del></del>		CHARGE SHEET		
1. NAME OF AC	USED (Last, First, MI)		I. PERSONAL DATA		
BLAND, J.	AMES HENRY		2. SSN	GRADE OR HANK 4. PAY GRADE	
				6. CURRENT SERVICE	
FOIT HOOG		Medical Dep	partment Activity	22 June 1983 OBV	
			3. NATURE OF RESTRAINT OF ACCUSED	9. DATE(S) IMPOSED	
. BASIC	SEA/FOREIGN DUTY	c. TOTAL		3. O. C. C. S. MAP 0.380	
\$2339.10	N/A	\$2339.10	N/A	N/A	
The		1	RGES AND SPECIFICATIONS		

ment Activity, Fort Hood, Texas, did, at some unknown location, between 4 October 1988 and 2 November 1988, wrongfully use marijuans, the use of which was detected by biochemical testing of a urine sample which the said Captain James H. Bland submitted to military authorities on 2 November 1988, at Fort Hood, Texas.

TRUE CERTIFIED COPIES
BY DASG-PSO

Official Capacity to Administer Ooth (See R.C.M. 301(b)—must be commissioned officer)

III. NAME OF ACCUME	III. PREFERRA	Į.
11 s. NAME OF ACCUSER (Lost, First, M1)	b. GRADE CPT	c. ORGANIZATION OF ACCUSER Medical Company, USA MEDDAC
		18 Jan 89
AFFIDAVIT: Before me, the undersigned, authorshove named accuser this 1871 day of 1871 under oath that he/she is a person subject to the or has investigated the matters set forth therein and		ter oaths in cases of this character, personally appeared the II., and signed the foregoing charges and specifications by Justice and that he/she either has personal knowledge of the best of his/her knowledge and belief.
Typed Name of Officer		edical Company, USA MEDDAC
Second Lieutenant		Organization of Officer

Signoture

D FORM 458

14. 19.1		
On A January 19 8 , the accused the accuser(s) known to mer(See R.C.M. 308 (a)). (See R.C.M. 308	was informed of the cha if notification cannot be	rges against him/her and of the name(s) o made.)
Typed Name of immediate Commander		any, USA MEDDAC
Captain		
Onde		
Streeture  IV. RECEIPT BY SUMMARY COURT	-MARTIAL CONVENING A	UTHORITY
13.		
The sworn charges were received at 1440 hours, 18 Jan	19 <u>&amp;                                  </u>	Designation of Command or
Fort Hood, TX	Appear and the second s	
Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)	XXXXXX	-
	Command	er. USA MEDDAC
Typed Name of Officer		Capacity of Officer Signing
Colonel		
Grade		
Signature	·	
V. REFERRAL; SE  144. DESIGNATION OF COMMAND OF CONVENING AUTHORITY   6.	RVICE OF CHARGES	
Referred for trial to the court-martial convened by _		,
,	ubject to the following in	structions: <sup>7</sup>
<b>5.</b>	of	
Cammend or Order	01	
Typed Name of Officer	M-4	
Typed Name of Officer	Offic	ial Capacity of Officer Signing
Grade	TRIF	CERTIFIED COPIES
<u> </u>	BY DASG	-PSQ MCD
CI to a second		
Signature 15.		
On, 19, 1 (caused to be):	served a copy hereof on (	each of) the above named accused.
Typed Name of Trial Counsel	Ge	ede or Rank of Trial Counsel
	·	
Signature		
FOOTNOTES: 1 — When an appropriate commande	r signs personally inappli	cable words are stricken.
2 — See R.C.M. 601(e) concerning in	structions. If none, so sta	te.

### THIS IS AN IMPORTANT RECORD



ANY ALTERATIONS IN SHADED AREAS RENDER FORM YOLD

DD 1 JUL 79 214		S EDITIONS OF THIS ARE OBSOLETE.		ERTIFICATE OF R		SCHARGE
1. NAME (Last, first, middle)		2. DEPA	RTMENT, COMPONENT AND BR	LANCH	J. SOCIAL SECURIT	Y NO.
BLAND, JAMES HENRY	<del>,</del>	A	RMY USAR MC			
44. GRADE, RATE OR RANK	40. PAY GRADE	S. DATE OF BIRTH	6. PLACE OF ENTRY INTO	O ACTIVE DUTY		
CPT	0-3		Norfolk, VA			
7. LAST DUTY ASSIGNMENT AND MU	AJOR COMMANO		8. STATION WHERE SEPA	RATED		
Med Co USA MEDDAC	17.5	SC HS	Vann 11 7	· · · · · · · · · · · · · · · · · · ·		
P. COMMAND TO WHICH TRANSFER	RED	JC 112	Fort Hood, T			
NA				10, SGU COVE	-	П
11, PRIMARY SPECIALTY NUMBER, TO	THE AND YEARS AND	······································		AMOUNT \$	<u> 50</u>	NONE
1 MONING IN SPECIALTY / Addition	mal consistent marinistra	nd titles	12. RECORD OF SERVICE	YEA	AR (S)   MON (S)	DAY /3/
יווי דען אויי אין אויי דיי אין אייי דייי אין אייי דייי	TE VEATEL		4. Date Entered AD This	Period 8:	3 06	22
60W9C, Psychiatrist	, I year and	6 months//	b. Separation Date This	Period 81	9 05	03
pondo, rayeniatrist	. Intermedia	2200000	c. Net Active Service Th	is Period 0	5 10	12
1 year; Kesidency P	rogram, 3 yes	ers//NOTHING	d. Total Prior Active Sen		· · · · · · · · · · · · · · · · · · ·	00
FOLLOWS	•	-, ,	e. Total Prior Inactive Se			04
			f. Foreion Service	00	·	
			P. Seo Service			00
			h. Effective Date of Pay	00		00
			)			22
13. DECORATIONS, MEDALS, BADGES	CITATIONS AND CAME	ALCON CIOCONIC ANNO CO	i. Reserve Oblig. Term.	Date 00	)   00	00
AMEDD Officer Basic NOTHING FOLLOWS		eks (1973)//	AMEDD Combat Cal	sualty Course	e, 1 week (	1983)//
15, MEMBER CONTRIBUTED TO POSTLY VETERANS' EDUCATIONAL ASSISTA	NCE PROGRAM		GH SCHOOL GRADUATE OR EQ		17, DAYS ACCR	UED
18. REMARKS	YE	s A NO	YES .	<b>v</b> o		None
Dental care was not		·	TRUE CERTIFIED C BY DASG-PSQ			
19. MAILING ADDRESS AFTER SEPARA	TION	<del></del>		20. MEMBER REQUE	STS COPY & BE	
116 Poplar Avenue (	Independent (	City)	•	SENT TO		,
Membort Mems, AV 53	607			AFFAIRS	YES	
21. SIGNATURE OF HEMBER BEING SE	PARATED /	22, 71 PED N	ANG GRADE THE ANG SKIN		(2)	
Land A. B	Card	(created		<b>-</b>		
1	LOVO			USA Tra	usition Poi	n+
					(reference in the party and the second	Section 1
	SPECIAL ANAM		waterang enterior enterior de la	e de servicio de la compansión de la compa La compansión de la compa	NEMBER	÷ : lagi
23. TYPE OF SEPARATION	THE AUDIT	MAL INFORMATIC	N (For use by authorized ag			
Discharge 25. SEPARATION AUTHORITY			24 CHARACTER OF SERVICE Under Other	(Includes upgrades) Than Honorab	le Conditio	) DS
			26. SEPAPATION CODE	27. REENU	STMENT COOE	
Chap 5 AR 635-120			DFS	N		Į
28. NARRATIVE REASON FOR SEPARAT						
Conduct triable by court-martial.						
29. DATES OF TIME LOST DURING THIS	PERIOD .			30. MEMBE	R REQUESTS COOP-	
None					RAZE	!HITIALS

### DEPART 41 UP THE ARMY HEADQUARTERS III CORPS AND FORT HOOD

1D JAMES HENRY

CPT W2M5 USA MEDDAC FT HOOD

SAA FT HOOD TX 76544

are reassigned to the US Army transition point shown for transition process-. After processing, you are discharged from the component shown. If you are ayed in reporting to the transition point, you still must report to the nsition point as soon as possible or as authorized to receive a new effective a of discharge. 

igned to: USA Transition Point (WOVC1A) Ft Hood TX 76544-5056

orting date: 3 May 1989

ponent: USAR

e of discharge unless changed or rescinded: 3 May 1989

ou will proceed on date of discharge. (c) All Reserve of the Army and Army f the United States appointments are terminated.

: ARMY USE

h: AR 685-120

: Newport News VA

EAD/DAD: Norfolk VA

: 7B09 ID: NA

mat: 501

R THE COMMANDER:

STRIBUTION:

b Clk, Garrison FSC (16)

r, unit concerned (5)

asol Fin, Bldg 121 (4)

EC (2)

T BLAND c/o Sep C1k

A Ofc, III Corps (2)

R DIR. PAD (1)

lleting Ofc, Bldg 108 (1)

ficer's Club (1)

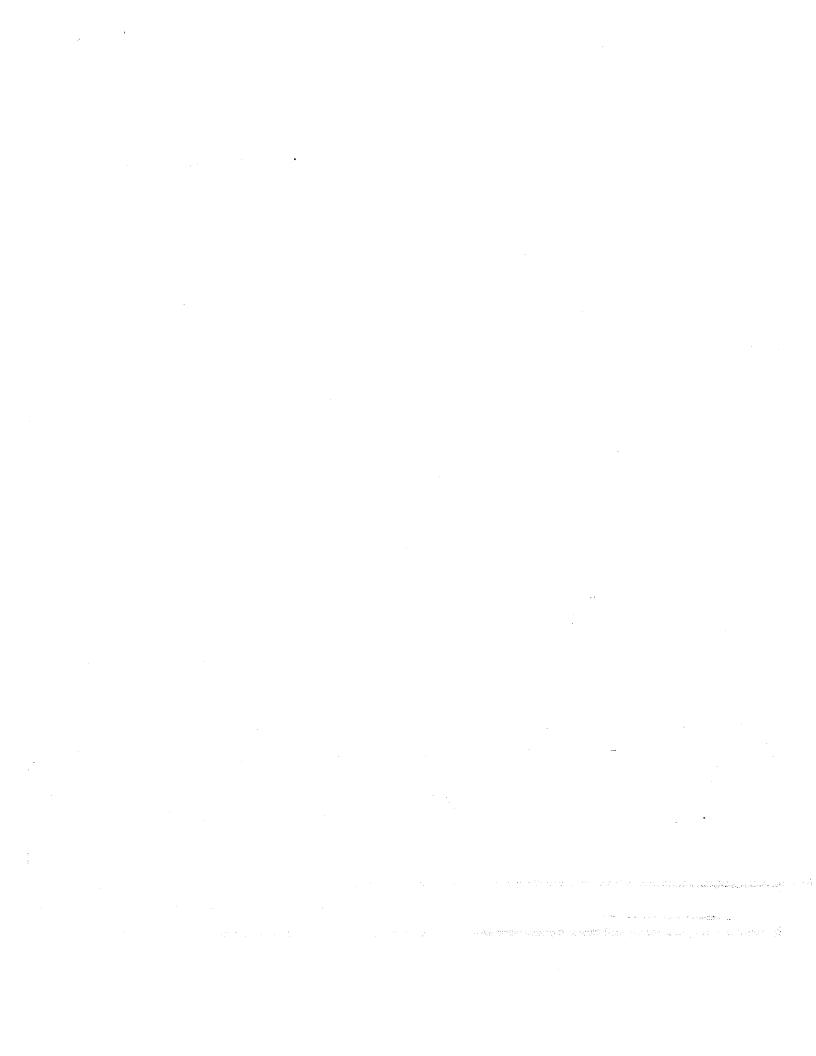
CHREC, 3d Fin Gp (2)

DA (TAPO-POT-RS Ms Bush) Alex VA 22522-0400 (1)

(10)

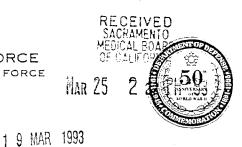
Adjutant General

TRUE CERTIFIED COPIES BY DASG-PSQ /





#### DEPARTMENT OF THE AIR FORCE HEADQUARTERS UNITED STATES AIR FORCE



FROM:

HQ AFMOA/SGPC

170 Luke Avenue, Suite 400

Bolling AFB, D.C. 20332-5113

SUBJ: Report of Adverse Disciplinary Action

TO: Federation of State Medical Boards 600 Western Place, Suite 707

Fort Worth, TX 76107

1. Department of Defense policy requires that we notify licensing agencies of certain actions involving licensed providers. The following is provided:

a. Individual's Name: Bland, James Henry

b. Date of Birth:



c. Social Security Number:



d. Home of Record: 5th Avenue Medical Bldg, Suite 502, 307 5th Ave SE, Minot, ND 58701

e. Degree: M.D. (1983)

f. Institution: Eastern Virginia Medical School

g. State and Number of Licensure: North Dakota #5795, California #A043584, and North Carolina #33619

h. Military Treatment Facility Involved: 5th Medical Group, 10 Missile Avenue, Minot AFB ND 58705-5024

i. Date and Action: Clinical privileges revoked, 29 Dec 92

j. Basis for Action: Doctor Bland's privileges were revoked due to data provided on his privilege application being essentially untrue.

2. Please provide us with a copy of any action you take as a result of this notification. Requests for further information may be sent to Major Steve Putbrese at HQ/AFMOA SGPC, 170 Luke Avenue, Suite 400, Bolling AFB D.C. 20332-5113, (202) 767-2591.

THEODORE P. YURKOSKY, Col, USAF, MC, FS Chief Clinical Quality Management Division Air Force Medical Operations Agency Office of the Surgeon General

> CA. LICENSE NO. ORIGINAL ISSUE DATE. EXPIRATION DATE -

DISCIPLINARY ACTION

cc: HQ AFMPC/DPMMU

NGB/SG

HQ AFRES/SG

HQ ARPC/SG

HQ USAFRS/RSHP

HQ ACC/SC

ND State Bd of Med Exam

CA Bd of Med Q & A

NC State Bd of Med Exam

Doctor Bland

#### 28 USC SECTION 1746 UNSWORN AFFIDAVIT UNDER PENALTY OF PERJURY

I am Paul E. Huelskamp, SSgt, of the Air Force Surgeon

Generals Office, Bolling AFB, DC 20332-5113. I am the

custodian of the Medical Professional Staffing Record for

James H. Bland, M.D., which are maintained at the Air Force

Surgeon General's Office. The attached documents are exact

copies of documents contained in said file.

I declare under penalty of perjury that the foregoing is true and correct. 25 MAY 1993

n, som er er kommer flygger av stater med med med er blive til som kom er blivet. I som er som er er blivet de Sagand namen store en statet det flygger har kom kommen en han er en en med ette er en har er en sagande ette

Control of the control of the state of the s

Executed on \_\_\_\_\_

PAUL E. HUELSKAMP, SSGC, USAF

Admin. Manager, Clinical Quality Management Air Force Medical Operations Agency

Office of the Surgeon General



JAMES H. BLAND M.D.

## DEPARIMENT OF THE AIR FORCE STH MEDICAL GROUP (ACC) MINOT AIR FORCE BASE, NORTH DAKOTA

FROM:	5th Medical Group/CC 10 Missile Avenue Minot AFB, ND 58705-5024	29 December 1992
SUBJ:	Credentials Function Proceeding in Re: Dr James Bla	and .
TO:	Dr James Bland 5th Avenue Medical Building, Suite 502 307 5th Ave SE Minot, ND 58701	
approv	wing fully reviewed the record of the subject processing the recommendation of the credentials function and sprivileges be revoked.	ling, I am nd direct that James
2. You decision of the command	// / / / / / / / / / / / / / / / /	AFR 168-13. My s.
	nd, Dr James Bland ot acknowledged.	(Date)

क्षाकरण्या व्यवस्थान करणा । कारणा <u>स्</u> राह्मकाल <u>विक्रिक्षण है है । विक्रान्त</u>	
SENDER:  • Complete items 1 and or additional services.  • Complete items 3, and 4a & b.	I also I to receive the following survices (for an extra
<ul> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if</li> </ul>	A D A III/- Addrong
does not permit.  • Write "Return Receipt Requested" on the mailpiece below the artic  • The Return Receipt Fee will provide you the signature of the perso to and the date of delivery.	cle number. 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  DR James H Bland	4a. Article Number 9209 415 953
5th ave Med Blog sute 502	4b. Service Type ☐ Registered ☐ Insured ☐ Certified ☐ COD
307 5 4h AVE SE	Express Mail Return Receipt for Merchandise
MINIT AFB 10 58701	7. Date of Delivery 2 8-92
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	
PS Form 38-11, November 1990 + U.S. GPO: 1991-287	7-068 DOMESTIC RETURN RECEIPT

....



### DEPARTMENT OF THE AIR FORCE 5TH MEDICAL GROUP (ACC) MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: 5th Medical Group/MGH

1 December 1992

10 Missile Avenue

Minot AFB, ND 58705-5024

SUBJ: Notification of Executive Committee of the Medical Staff

Recommendation in Re: Dr James Bland

TO: Dr James Bland

5th Avenue Medical Bldg, Suite 502

307 5th Ave SE Minot, ND 58701

1. The 5th Medical Group credentials function has made the following recommendation to Lt Col Anthony Alford in your credentials proceeding:

Recommendation to the facility commander is that James H. Bland's privileges be revoked.

2. You have ten duty days from the date of receipt of this notification to submit a letter of exceptions to Lt Col Anthony Alford, if you so desire. Lt Col Alford may grant additional time for good cause. A copy of the hearing is attached per your request.

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS Chairperson, Credentials Function

Laurence R. W. Atchurs

1 Atch Hearing Transcript

and the second of the second o

1st Ind, Dr James Bland

(Date)

TO: Chairperson, Credentials Function (Col Whitehurst)

Receipt acknowledged. I understand I have 10 days to give a letter of exceptions to Lt Col Alford if I so desire.

JAMES H. BLAND M.D.

SENDER:		I also wish to receive the
Complete items 1 and/or 2 for additional services.  Complete items 3, and 4a & b.		following services (for an extra
• Print your name and address on the reverse of this form so the	nat we can	fee):
return this card to you. 斯克克斯氏病病病病病病病病病病	4.5	
<ul> <li>Attach this form to the front of the mailpiece, or on the back</li> </ul>	if space	1. L Addressee's Address
does not permit.  • Write "Return Receipt Requested" on the mailpiece below the ar	ticle number.	2 Descripted Delivery
The Return Receipt Fee will provide you the signature of the per-		d 2. — Hostinotod Donvoly
to and the date of delivery.		Consult postmaster for fee.
3. Article Addressed to:	4a. Art	ticle Number
DR JAMES BLAND		·
5TH AVE MEDICAL BLDG STE 502		rvice Type istered Insured
307 5TH AVE SE	1 1/2	tified as a - 🔲 COD 🛒 from Singuis.
MINOT ND 58701		
10.101 10 10.01	LI EXPI	ress Mail XI Heturn Receipt for Merchandise
	7. Date	e of Delivery_
		1-12-93
5. Signature (Addressee)		iressee's Address (Only if requested
- アルカン - 「機能能は中では、100mmの - 100mmの - 100mm -	. Sand	fee is paid)
6. Signature (Agent)	귀켓	
o. Signature Agent	g Marie III.	· · · · · · · · · · · · · · · · · · ·
MONON	3 [ <del>1</del> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
PS Form 3811, November 1990 ± U.S. GPO: 1991	37-066 D	OMESTIC RETURN RECEIPT
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AT THE STATE OF TH	

### DEPARTMENT OF THE AIR FORCE 5th Medical Group (ACC) Minot Air Force Base, North Dakota

FROM: MGH l December 1992

SUBJ: Minutes of Executive Committee of the Medical Staff

TO: Hospital Executive Commi, wee

1. PLACE: CC Conference Room

2. TIME/DATE: 1530, Tuesday, 24 Nov 92

3. ATTENDANCE:

a. Present:

Col Lawrence R. Whitehurst, MC; Chief, Hospital Svcs (Chairperson)
Lt Col Robert E. Clover, MSC; Hospital Administrator
Lt Col Albert P. Fischer, MC; Chief, Radiology Services
Lt Col David W. Walsh, MC; Chief, Emergency Services
Maj Timothy J. Flock, MC; Chief, memorial managemy (for Maj Fortier)
Maj Charles P. Kielkopf, 5 BMW/JA, Legal Advisor
Maj Dan R. Hansen, MC; Chief, Medical Services
Capt Joseph E. Fruland, MC; Chief, Conxupantant management (for Lt Col Contiguglia)
Capt Thomas D. Weston, ESC; Asst Chief, Primary Care Svcs (for Maj Povich)

Joe Boucher, Civ. QA Coordinator Sam Fulton, Civ. Recorder

b. Absent:

Lt Col Joseph J. Contiguglia, MC; Chief, Aerospace Medicine (Exercise) Maj George M. Fortier, MC: Chief, Surgical Services (Leave) Maj Mark A. Povich, MC; Chief, Primary Care Services (TDY)

c. Visitor:

1: 7:1 Laura Boone, NC; Chief Mursing Services Lt Col Kerby L. Hertz, NC; Asst Chief, Mursing Services

b. Ref para 7.a. of 8 Sep 92 Credentials Meeting, re Provider #070383 and adverse report from the Federation of State Medical Boards. Hearing was held 3 Nov 92, hearing committee findings of fact was that data contained on the AF Form 1540 submitted by provider is essentially untrue. Unanimous recommendation of committee was that provider's privil ges be revoked. Committee concurred with recommendation of hearing committee. Recommendation will be forwarded to the MFC. (OPEN: SEP 92, OPR: SGH, ELC: DEC 92)

### DEPARTMENT OF THE AIR FORCE

5TH MEDICAL GROUP (ACC) MINOT AIR FORCE BASE, NORTH DAKOTA

FROM:

5th Medical Group/SGH

10 Missile Ave

Minot AFB, ND 58705-5024

SUBJ: Notification of Credentials Hearing

TO: Dr. James Bland

5th Ave Medical Bldg, Suite 502

307 5th Ave SE Minot, ND 58701

- 1. I have scheduled a hearing, per your request, with regards to the recommendation of the Credentials Committee that your clinical privileges be revoked at this facility.
- 2. Allegations being addressed are: Failure to give truthful and correct answers in response to questions asked on AF Form 1540 (Application for Clinical Privileges.) Specifically in Part VIII, subsections A, D, G, and H. Documentation confirming your misrepresentation is in either your possession or that of your counsel, Mr Richard Thomas.
- 3. The hearing is scheduled for Tuesday, 3 November 1992 at 1300 in the Military Courtroom on the 2nd floor of Building 975 at Minot Air Force Base. You have the right to present evidence and call witnesses in your behalf, and to consult and be represented by legal counsel. It is your responsibility to arrange for the presence of any witness you desire and to present both written and oral evidence in your behalf. I refer you to Attachment 2, AFR 168-13 for more detailed information on the conduct of an Air Force Credentials hearing and your rights.
- 4. Failure to appear at the appointed time and specified place will be construed as a waiver of those rights set out in paragraph 3.
- 5. The chairperson of the credentials hearing committee may change the time and place of the hearing upon your written request, if based on good cause.
- 6. If you have further questions with regards to this matter, please contact my office or the base legal assistance office.

owner R. Whitehund

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS 1 Atch

Chief, Hospital Services

Chairperson, Credentials Function

AF Form 1540

1st Ind, Dr Bland (Date)

20 October 1992

TO: Chairperson, Credentials Function

I acknowledge receipt of the Letter of Notification of Hearing, dated 19 Oct 92.

SGASA - 92-3	
SENDER:  • Complete items 1-and/or 7 for additional services.	I also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so did return this card to you.  Attach this form to the front of the mailpiece, or on the back if	L A III Address
does not permit.	cle number 2. Restricted Delivery
? • The Renum Receipt Fee will provide you the signature of the person	Consult postmaster for fee.
to and the date of delivery.  3. Article Addressed to:  DR JAMES BLAND	4a. Article Number R612 156 625
5TH AVE MEDICAL BLDG SUITE 502	4b. Service Type Registered Insured
307 5TH AVE SE MINOT ND 58701	☐ Certified ☐ COD ☐ Express Mail ☐ Receipt for Merchandise
	7. Date of Delivery
	KC 10-21-82
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	
PS Form <b>3811</b> , November 1990. ± U.S. GPO: 1991—28	DOMESTIC RETURN RECEIPT



### DEPARTMENT OF THE AIR FORCE STH MEDICAL GROUP (ACC) MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: SGH 8 September 1992

SUBJ: Notice of Intent to Recommend Revocation of Privileges

TO: James Bland, M.D.

- 1. The Credentials Committee has reviewed the completed investigation of false statements made on your AF Form 1540, Application for Clinical Privileges and regrets to inform you that we intend to recommend revocation of your clinical privileges and termination of your medical staff appointment at the 5th Medical Group. Our investigation has revealed that you received an "Other than Honorable" discharge from the United States Army in lieu of court marshal for illegal use of a controlled substance, marijuana. We have received official notification from the Office of the Surgeon General of the United States Army that your clinical privileges were revoked on 21 April 1989 as a result of the drug incident which occurred in January 1989. It is unbelievable to the Committee that you could have been totally unaware that actions this serious were being taken against you. Our investigation has also revealed that you characterized your discharge from the Army as honorable when you applied for a license to practice medicine in North Dakota. Again, it is impossible for the Committee to believe that you did not know at the time you applied for a license in North Dakota that your discharge would be other than honorable, since you were resigning in lieu of court martial.
- 2. In response to your question in your letter of 26 Aug 92 as to why this issue has now been raised, I must remind you that we had no knowledge of this problem at the time you applied for privileges since you made no mention of it in any of your communications with us. Had HQ Air Force not directed us to accomplish a 100% review of all civilian physicians with the Federation of State Medical Boards, we might never have known about this problem. We notified you of the problem as soon as we received the notification from the Federation of State Medical Boards. We requested a legal review of our actions in this case from the local Staff Judge Advocate of Minot Air Force Base and he has concluded that the conditions placed on your license by the State of North Dakota do constitute a limitation and it was therefore reasonable of us to expect you to report them. We regret that we have had to recommend so severe an action in your case, but in matters of physician integrity the Air Force will accept nothing less than total honesty on the part of those physicians whom we employ or with whom we make agreements, partnerships or contracts.
- 3. You are advised that you have the right upon your request, to have a credentials hearing committee review this action. To have this hearing you must make a written request to me within 30 days from the date you receive this notification. If you fail to ask within that time, or if you fail to appear at a hearing sc requested, you waive your rights to the hearing.
- 4. Depending on the outcome of this action, HQ USAF/SCPQ may report the matter to appropriate professional regulatory agencies. I refer you to AFR 168-13,

attachments 2 and 3, for information on the specific procedures involved with this action and your rights.

(Date)

Lourence R. Whitehunt

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS Chief, Hospital Services Chairperson, Credentials Committee

1st Ind, Dr Bland

TO: Chairperson, Credentials Committee

I acknowledge receipt.

JAMES H. BLAND, M.D.

the IS.	1b. For ret	urn receipt after mailing	- CHETOLIER				
against STOMER	ATTACH appropriate fee as shown in Section 932.2 of the DMM.		CUSTOMER:—Complete items 1 or 2 and 3 through 9 below.     Add your address in the "RETURN TO" space on reverse.  All AFTER MAILING: provide name of individual, company, or organization to whom delivered and the second space of the second space.				
compared ago			(Attach appropriate fee  2 <sup>d</sup> DUPLICATE: provide r to whom delivered and DUPLICATE: provide r to whom delivered, date	e as shown in name of individues date of deliving	Section 932.2 of the DMM) ridual, company, or organization ery.		
and o	Mailing pos	t office postmark to indi-	3. Mailing Date 4	4. COD No	).		
~	5. Registere	viously paid for item 2. d No. 6. Certified No.	9 54992				
he PO SH TH	R612-15	56-591	7. Insured No.		8. Express Mail No.		
at the JRNISH	9. Article A	ddressed to DR JAMES	Blance STA AU	15 -01	7/1/2/ 3//		
red a	Suite 5	02 307 5th A	VE SE MINU	+ ND	58701		
completed DO NOT FU		M. Smette		1	4. Postmark of Delivery Office		
	POSTAL	11. Date of Delivery		/	( · 25 / 10)		
nust be receipt.	RECORDS SHOW	Sept 10, 1992			25		
	DELIVERY	12. Address (Complete onl	y if requested) 13	3. Clerk's	1992 / /		
E 's		307 5th Av SE	1	Initials r	o not process if		
ustomer's		M- OT ND 5870	1,	RE s	o To above is not		
- 5 -	S Form 381	1-A Dec 1985	DEOLICET FOR DETAIL		, , , , , ,		

ST FOR RETURN RECEIPT (AFTER MAILING)

JAMES H. BLAND.M.D.
DIPLOMATE OF THE
American Board
OF PSCHIATRY AND
Neuro 109 Y
307 5TH AVE..S.E.
MINOT. N.D. 58701
AUGUST 26. 1992

To: Col. Lawrence R. Whitehurst. USAF, MC.FS Chairperson. Credentials Function

- I have received your correspondence dated 28 July 1992 (please see the enclosed copy). And I have received a copy of the "Health Care Provider Clinical Privileges Action Report" dated 28 July 1992 (please see the enclosed copy). And as I have mentioned to you. I dispute your allegation that I knowingly provided false information on my AF form 1540, application for clinical privileges, in which I denied ever having my clinical privileges limited, restricted, or revoked at another institution, and that your license to practice medicine had never been limited, suspended, or revoked and that i have never been arrested or treated for drug or alcohol abuse.
- 2. I thus request all information from your investigation of this matter be made available to me as soon as possible. I am still attempting to obtain information from Office of The Surgeon General. Please find enclosed a copy of information I have from the Federation of State Nedical Boards. DD 214 Letter From Col. Kolmer.
- 3. As Mr. Sletten of The North Dakota Board of Medical Examiners mentioned to you telephonically. My medical license has no restrictions on scope of practice. Also, the board has been reassured through repeated random drug testing of my not using controlled substances. Additionally, There is no hospital on earth that informed me of any limitations on my clinical privileges previously. I have only recently ireleased from you, self that the Office of The Surgeon r voked my clinical privileges on 4/21/89. Since, I was not aware of this when I applied for privileges at your hospital. I couldn't have reported it to you.
  - 4. My application for clinical privileges to your hospital included written permission from me for you to check my Army and clinical background, so I am puzzled why these allegations are coming up three years later, and feel I am being injured

unjustly by your action on 28 July 1992 notice.

- Circumstances around my exit from the U.S. Arms on May 4. 1989 were as follows. In Dec. on 1988, I was informed by my commander, a random urine toxicology screen of mine was positive for THC. The Commander of Darnall Army Community Hospital ordered an emergency meeting of the hospital's credentials committee which ruled that my clinical privileges be left intact. Command then instiated courts martial proceedings against me. My attorneys advised that a courts martial would damage me too much. They prevailed upon me to reluctantly, very reluctantly, resign my commission as an officer. On April 21 1989. DA approved my resignation with a general under other than honorable discharge and then unbeknownst to me aparrently. OSG revoked my clinical privileges in the military. Prior to my resignation. Army Drug and Alcohol officials after evaluating me found I had no chemical dependency.
- 6. In summary, I request immediate institution of my clinical privileges and am prepared to reassure your hospital just as I have all other requesting agencies of any suspicions of drug use by allowing random toxicology screens as felt needed.

Respectfully.

James H. Bland, M.D.

### APPLICATION FOR CLINICAL PRIVILEGES

AUTHORITY: Title 10, U.S.C. Chapter 55 and Sections 8067 and 8012.

PRINCIPAL PURPOSE(S): To evaluate each practitioner's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to real certain conditions and perform certain medical procedures.

ROUTINE USE(S): Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying

for staff privileges during or after separating from the service.

OISCLOSINE IS VOI INTARY However, failure to provide information may result in the limitation or termination of clinical privileges.

DISCLOSURE IS VOLUNTARY: However,	APPLICANT COMPLETES SECTI	ION I THROU!	GH IX		
	IDENTIFICATIO				
AME (Last, First, Middle Initial)		GRADE	SSN	DATE	j
BLAND, JAMES H.		NA			01-91
OME ADDRESS (City, State and ZIP Code,			DUTY PHONE NO	D. HOME	PHONE NO.
1607 11th Street SW, Mino	ot, ND 58701		701 839 42		
EDICAL FACILITY/UNIT OF ASSIGN-	DUTY SECTION	PRIMARY/ SECONDARY	SPECIALTY	CORP	S
NA NA	NA	NA NA	Psychiatry	, NA	
-	PROFESSIONAL EDU		=======================================	1	
NAME OF PROFESSIONAL SCHOOL	LOCATION	PATES A	ATTENDED TO	DEGREE	
Eastern VA Medical School	Norfolk, VA	1980	1983	M.D.	
University of VA	Charlottesville, VA	1975	1980	B.A.	
University of VA ROTC	Charlottesville, VA	1975	1980	Commission 217 U.S. 2	
11.	POST GRADUATE TRAINING (Interns	ship, Residency, I	Fellowshipsi		
			PROGRAM	DATES	ATTENDED
NAME OF HOSPITAL OR INSTITUTION	LOCATION	1 -	program dency, etc.)	FROM	то
Letterman Army Medical Center	Presidio of San Francisco	Psychia o Resider		07-84	10-
Letterman Army Medical Center	Presidio of San Francisco	Categor: Psychiat Internsi	try	07-83	06
IV. PRESENT	AND PREVIOUS MILITARY AND CIVIL	IAN ASSIGNME	NTS (Continue on 8	?everse!	ENDER
		SERVICE	OR SPECIALTY	DAIES	SATTENDED
NAME OF HOSPITAL OR ORGANIZATION	LOCATION		ICH ASSIGNED	FROM	70
Letterman Army Medical Center	Presidio of San Francisc	co Psychi	iatry	06-83	10
Darnall Hospital	Fort Hood, TX		iatry	12–87	
1	A company of the company	and safety was the	and a second control of the second control of the second control of the second control of the second control o	e Tantonia met toe es l'estraça	A Section of the Section of
	·		-		
		-			-
1			***************************************	THE RESERVE THE PERSON NAMED IN	2.4

NAME OF HOSPITAL OR ORGANIZATION	Ac	ATION		VICE SEE RU ) WHICH ASL X	FROM	то	
Darmall Hospital	Fort Hood,	, TX ·	Ps	ychiatry	12-87	05–8	
Letterman Army Medical Center	Presidio of CA	San Francisc	Ps	ychiatry	06-83	10-8	
CERTIFICAT	TION/LICENSURE (Lis	t all. If additional sp.	ace is neede	ed continue on separate shee	et of paper.)		
LLY QUALIFIED (Specialty)			E	PSYCHIATRY			
BOARD CERTIFICATION BY (	(Specialty Board)	CERTIFICATE NU	JMBER	DATE ISSUED	EXPIRAT	TION DATE	
SOANO GELLINIO					-		
		LICENSE NUM	ABER	DATE ISSUED	EXPIRA	TION DATE	
STATE LICENSURE (Na	me of States			04 27 97			
California		A043584		04-27-87			
North Dakota		5795		07-21-89			
VI. MEMBERSHIP	IN PROFESSIONAL SO	CIETIES (If addition	nal space is	needed continue on separat	te sheet of paper.) (Member, Fellow, et	<u></u>	
N	IAME OF SOCIETY				(		
American Psychiatric	Association			Member			
American Medical Asso	ociation		}				
North Dakota Medical	Association			Member			
National Medical Ass	sociation			Member			
REF		itioner MUST list the	ee referenc	es. Two must be the forme ous facility, if you had them	r Chief of L		
VII.	Protessional Services			Haze, State, Zip Code)	TELEPH	HONE NUMB	
NAME		Minot, ND	7	P3	701 839	7100	
DEDOUMANC DIOIN 1.2	L.21						
BEKCHWANS KIOOX		Minot, NE	- P	9 <del>9</del>	701 852	0735	
PIERRE RIOUX	1.4	Minot, NE	)		701 852	6666	
PIERRE RIOUX	1.4	Minot, NE	) ) yeathons is '	"YES," give full details in ".	701 852	. 6666 erate sheet of	
PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HIS	STORY (If enswer to en	Minot, NE Minot, NI y of the following que	) ) Jeations is '		701 852	. 6666 erate sheet of	
PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HIS  A. HAS YOUR LICENSE TO PRA ANY JURISDICTION EVER B OR REVOKED!	STORY (If enswer to en	Minot, NE Minot, NI y of the following que NDED X	) Jestions is ' G. HAV	"YES," give full details in ". VE YOU EVER BEEN ARR JG OR ALCOHOL ABUSET VZ YOU EVER BEEN CHA	701 852 Remarks" or on separate on TREAT	6666 erate sheet of	
PIERRE RIOUX  PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HIS  A. HAS YOUR LICENSE TO PRA	STORY (If enswer to engactice medicine in the limited, suspended in the limited of the limited o	Minot, NE Minot, NI y of the following que NDED X	)  Jestions is '  G. HAV  GRI  H. HAI  CAS	"YES," give full details in ".  VE YOU EVER BEEN ARR  VE YOU EVER BEEN CHA	701 852  Remarks or on separate on the separate of the separat	ED FOR Y	
PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HIS  A. HAS YOUR LICENSE TO PRA ANY JURISDICTION EVER B OR REVOKED?	STORY (If enswer to en	Minot, NE Minot, NI y of the following que NDED X	H. HAY CAS  I. HAY CAS  UNITED TO OR UNITED	"YES," give full details in ".  VE YOU EVER BEEN ARR  JG OR ALCOHOL ABUSET  VE YOU EVER BEEN A DI  SET YOU EVER BEEN ARR  SET YOU EVER BEEN A DI  SET	701 852  Remarks of on separation of the separat	CE SILITY TRA-LYED ETHICAL	
PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HIS  A. HAS YOUR LICENSE TO PRA ANY JURISDICTION EVER B OR REVOKED?  B. HAVE YOU EVER BEEN REF A HOSPITAL MEDICAL STAIL  C. HAS YOUR REQUEST FOR A	STORY (If enswer to engactice medicine in Been Limited, Susper Fused membership in Fri	Minot, NE Minot, NE Minot, NE Y of the following qu NDED X IN X X X X	Jestions is '  G. HAV  G. HA  CAS  I. HA  SUE  TIV  OR  UN  IF	"YES," give full details in " YE YOU EVER BEEN ARE JG OR ALCOHOL ABUSET VE YOU EVER BEEN CHA SEI  VE YOU EVER BEEN A IN BJECT OF A MEDICAL MA AIM, SETTLEMENT, JUDI VE ADJUDICATION, OR A	701 852 Remarks" of on seperation of the Arged in a feloide liab cial of administry of the resolution of the Cial of administry of the resolution of the res	CE TRALLET HEALT	
PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HIS  A. HAS YOUR LICENSE TO PRA ANY JURISDICTION EVER B OR REVOKED!  B. HAVE YOU EVER BEEN REF A HOSPITAL MEDICAL STATE  C. HAS YOUR REQUEST FOR A PRIVILEGES EVER BEEN DI STATED LIMITATIONS!	STORY (If enswer to engactice medicine in Been Limited, Susper Fused membership in Fri any specific clinic enied or granted at any institution tricted, or revoks	Minot, NE Minot, NE Minot, NE Winot, NE Minot,	H. HAN CAS  I. HAN CAS  I. HAN CAS  I. HAN CAS  I. HAN CAS  II. HAN CAS  II. HAN CAS  II. HAN CAS  III. HAN CAS  I	"YES," give full details in ",  YE YOU EVER BEEN ARR  YE YOU EVER BEEN CHA  SET  VE YOU EVER BEEN A DI  SIECT OF A MEDICAL MA  AIM, SETTLEMENT, JUDI  YE ADJUDICATION, OR A  PROFESSIONAL, OR SUE  "YES" WAS THE MATTER  SETTLED PRIOR TO FIN	701 852  Remarks" of on septing and a felotice liab chart of the chart of the chart of the chart of the chart of administry of the resource and and care at the chart of the resource and a felotic court actions of the co	CE STANDARD TRANDARD	

## STATEMENT OF APPLICANT (PLEASE READ CAREFULLY BEFORE SIGNING)

All information submitted by me in this application is true to the best of my knowledge and belief. In making this application for clinical privileges at this hospital, I acknowledge my obligation to provide continuous care and supervision of my patients, to accept committee assignments, to accept consultation assignments, and to participate in staffing the emergency area and other specialty care units.

I certify that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.

I hereby authorize the hospital, its medical staff, and their representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated and with others who have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the hospital, its medical staff, and its representative of all documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability any and all individuals and organizations who provide information to the hospital, or its staff, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for clinical privileges, and hereby consent to the release of such information. I further agree to release and hold harmless from any liability the United States and any and all persons who participate within the scope of their duties in good faith and without malice in the review of or any action or recommendations relating to my professional competence, ethics, character, and other qualifications. I hereby further authorize the hospital to communicate to other hospitals and to other persons or organizations with a legitimate interest therein any information concerning my professional competence, character, and ethics that the hospital may have or sequire, and, where such communication is made in good faith and without malice, I consent thereto and agree to hold the hospital and its authorized representatives free from liability, therefor. I understand and agree that I, as an applicant for clinical privileges, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubs about such qualifications. I further acknowledge that I am familiar with the principles and standards of the Joint Commission on Accreditation (JCAH) and will cooperate with the hospital in maintaining JCAH standards for the hospital. I also agree to conduct any practice according to high ethical traditions. I particularly agree to subject my clinical performance to, and faithfully participate in, the hospital's quality assurance programs as the same shall from time to time be in effect.

the second districtions for staff mambership.	251116 211711 11.0111 111		
and ethical qualifications for staff membership.  SIGNATURE OF APPLICANT	10/ 00/	)	05-01-91
13. Et	W/1, /61-	<u> </u>	1 00 02 32
FOR CREDENTIAL	L COMMITTEE USE C	NLY	<u> </u>
	REVIEW		
X	RECOMMEND	DAPPROVAL DO	SAPPROVAL
RECOMMEND APPROVAL DISAPPROVAL	DAPP	ROVAL WITH MODIFICATION	
APPROVAL WITH MODIFICATION	SIGNATURE OF	DEPARTMENT CHAIRPERSON	DATE
SIGNATURE OF SERVICE CHAFF	9/		
XI. DEROVISIONAL, COURT	ESY, OR DONSUL	TING PRIVILEGES	
7/1	DIFICATION 1		11 TU 2 (1)
Z AFFROVAL LOISA	1	FROM 10 JULY 9/ 10	10 JUN 92
SIGNATURE OF MEDICAL FACILITY COMMANDER OR DESIGNATE	DREPRESENTATIVE		10 Jun 91
R A A	hust	ID ATTION	10 JKH 91
IXII. CREDENTIALS CO	OMMITTEE RECOMMEN	DATION	
TOTAL TOTAL	WARREN WIT	TH MODIFICATION <sup>1</sup>	
DEFINED PRIVILEGES DISAPPROVED DISAPPROVED	BCXII KOVIII III		DATE
SIGNATURE OF CREDENTIALS COMMITTEE CHAIRPERSON			20 May 9.
1 Francisco	Kr		1-4-7-
MEDICAL FACI	LITY COMMANDER APP	PROVAL	
All.		•	
I APPROVED LIDISAPPROVED		TH MODIFICATION	10.75
SIGNATURE OF MEDICAL FACILITY COMMANDER MACCON SUE	eon if MFC is not a physic	cian)	27 Ming 9
SIGNATURE OF MEDICAL FACILITY COMMITTEE	•		21
MelVery			sted as a (1),
REMARKS 19 Jun 91 - Modifications are as follows:	Item A.4.e, B	loieedback was reque	
however approved as a (3), due to Yack of	facility suppor	rt.	
However approved as a (o),			
2 I Au	our care AAR .		a a je ta čia i nejaracje∰g .
A COLOR STATE OF THE STATE OF T	100,000,000,000,000,000,000,000	<ul> <li>In the control of the property of the control of the</li></ul>	Control of the contro

#### STATE OF NORTH CAROLINA

In re:	)	CONSENT ORDER
*	}	CONSCIAL OURER
JAMES H. BLAND, M.D.,	)	
Respondent	)	
	)	

THIS MATTER is before the Board of Medical Examiners of the State of North Carolina ("Board") regarding certain matters with respect to James H. Bland, M.D. ("Respondent"); and

Whereas, the North Dakota Board of Medical Examiners on September 14, 1993, entered an Order revoking the license of Respondent with the revocation stayed on certain conditions; and

Whereas, the Order of the North Dakota Board of Medical Examiners was a result of a complaint issued on March 3, 1993 alleging that Respondent gave false information on his application for a North Dakota medical license, by indicating that he had received an honorable discharge from the United States Army on April 15, 1989, when in fact his discharge was "under other than honorable conditions"; and

Whereas, the foregoing constitutes grounds under N.C.Gen.Stat. Section 90-14(a)(13) for revocation of Respondent's license to practice medicine in North Carolina; and forth and the Board finds that it would be in the public interest to so proceed.

Now, therefore, with the consent of Respondent, it is hereby ordered that Respondent's license to practice medicine in the State of North Carolina is hereby revoked; provided however that such revocation is stayed upon the following terms and conditions:

- Respondent shall abide by the terms of September 14, 1993 order of the Board of Medical Examiners of the State of North Dakota.
- 2. Respondent shall submit to a psychiatric evaluation by a psychiatrist acceptable to the Board and assure that a copy of the evaluation by that psychiatrist is provided to the Board.
- 3. Respondent shall not practice medicine in North Carolina until such time as he receives written approval from the Board including any limitations on Respondent's practice as the Board deems appropriate.
- Respondent shall abide by all laws.
- Failure of Respondent to abide by the terms of this order shall be grounds for revoking the stay issued herein.
- 6. Upon execution, this consent order shall become a public record within the meaning of Chapter 132 of the North Carolina General statutes and shall be subject to public inspection and dissemination.

# BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

ATTEST:
Bryant B. Paris, Jr. Executive Secretary
Consented to this the 24th day of Fabrualy, 1994.
Jans it Clard MD
James H. Bland, M.D.
Subscribed before me by James H. Bland, M.D. this the day of Fibruary, 1994.
Mary Sue trutson Notary Public
MARY SUE KNUTSON  Notary Public, Ward County, N. Dek  My Commission Expires July 25, 1995

-3-

## REDACTED

1.	
1	DANIEL E. LUNGREN, Attorney General of the State of California
2	JANA L. TUTON
3	Supervising Deputy Attorney General DANIEL J. TURNER
4	Deputy Attorney General 1515 K Street, Suite 511
5	P. O. Box 944255 Sacramento, CA 94244-2550
6	Telephone: (916) 327-7852
7	Attorneys for Complainant
8	
9	BEFORE THE DIVISION OF MEDICAL QUALITY
10	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
11	STATE OF CALIFORNIA
12	In the Matter of the Accusation ) No. D-5668
13	Against:  )  ACCUSATION  ACCUSATION
14	JAMES H. BLAND, M.D. ) 1607 - 11th Street, S.W. ) Minot, ND 58701 )
15	Physician and Surgeon's )
16	Certificate No. A43584
17	Respondent. )
18	/
19	DIXON ARNETT, the complainant herein, alleges as
20	follows:
21	1. He is the Executive Director of the Medical
22	Board of California (hereinafter the "Board") and makes these
23	allegations in his official capacity as such and not otherwise.
24	2. On or about April 27, 1989, respondent James H.
25	Bland, M.D. (hereinafter "respondent"), was issued physician and
26	surgeon's certificate number A43584 under the laws of the State
27	of California. Said certificate is presently in full force and

effect.

- 3. Section 2234 of the Business and Professions Code (hereinafter "the Code") provides that the Division of Medical Quality of the Medical Board of California shall take action against a holder of a physician and surgeon's certificate who is guilty of unprofessional conduct.
- 4. Section 2305 of the Code provides that the revocation, suspension or other discipline by another state of a license or certificate to practice medicine issued by the state or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, to a licensee under this chapter shall constitute grounds for disciplinary action for unprofessional conduct against such licensee in this state.
- 5. Respondent is subject to disciplinary action pursuant to sections 2234 and 2305 of the Code for the following:
  - A. On or about April 21, 1989, the U.S. Army permanently revoked respondent's clinical privileges. A copy of the U.S. Army's order is attached hereto as Exhibit A.
  - B. On or about December 29, 1992, the Department of the Air Force revoked respondent's clinical privileges for failure to give truthful and correct answers on his application for clinical privileges. A copy of the Air Force order is attached as Exhibit B.
  - C. On or about September 14, 1993, the North Carolina Board of Medical Examiners disciplined

respondent including revocation of respondent's medical 1 license, revocation stayed, two years probation and 2 3 requiring respondent to take a psychiatric evaluation. WHEREFORE, complainant prays that the Division of 4 Medical Quality hold a hearing on the matters alleged herein and 5 6 following said hearing issue a decision: suspending or revoking the physician and surgeon's 7 1. 8 certificate issued to James H. Bland, M.D.; 9 prohibiting respondent from supervising 2. 10 physician's assistants; and 11 3. taking such other and further action as it deems 12 proper. February 2, 1994 13 DATED: 14 15 16 DIXON ARNETT Executive Officer 17 Medical Board of California Department of Consumer Affairs 18 State of California 19 Complainant 20 21 22 23 24 25 26

27

		• ******	
	<u>.</u>		
en e	en e		gen produce i station (di la crima del gradient de crima de como de
			e de la companya de La companya de la co



# DEPARTMENT OF THE ARMY OFFICE OF THE SURGEON GENERAL 5109 LEESBURG PIKE FALLS CHURCH, VA 22041-3258 May 5, 1989



Quality Assurance Division

Bryant L. Galusha, M.D.
Executive Vice President
Federation of State Medical Boards of the
United States, Inc.
2630 W. Freeway, Suite \$138
Fort Worth, Texas 76102-7199

Dear Doctor Galusha:

Information is provided on the following named physician whose clinical practice privileges were revoked

Name:

Bland, James H.

Date of Birth/SSAN:

Degree:

Eastern Virginia Medical School

MD, 1983

Specialty:

Psychiatry

Action Taken:

Marijuana was found in urine sample of CPT Bland. He was offered a court martial by the Commanding General, but, was permitted to resign for the good of the service. His resignation request was returned approved on 20 April 1989. CPT Bland will receive a less-than-honorable discharge and has 14 days till

separation.

Date of Orginial Action:

21 April 1989

If additional information is required it may be obtained from:

Chief, Provider Actions Branch
Office of The Surgeon General, HQDA (SGPS-PSQ)
5109 Leesburg Pike, Falls Church, VA 22041-3258

Sincerely,

TRUE CERTIFIED COPIES
BY DASG-PSQ

Lieutenant Colonel, Medical Corps Chief, Provider Actions Branch

For use of this form, see AR  1. Practitioner's Name	40-60; the pro-	ponent agency is The	Office of Th	e Surgeon General
1. Fractitioner's Name	2. SSN	3. Rank/Branch	4. Date of	Birth (mm/dd/yy)
BLAND, JAMES H.		CPT?MC		
5. Medical/Dental Treatment Darnall Army Community Hosp Fort Hood, Texas 76544-506	ıtal 3		( )	( ) (%)
7. Date of Original Action 04 21 89	1	f Problem Identifica or, QA System, etc.	etion: (e.g. p	atient, other sta
Volunteer ( ) Co	ilian ( ) ivil Svc ( ) ontracted ( ) ther (specify)		ication: () (If app	licable)
11. School (Med, Dent, Nurs Name: Degree: Date Graduated:	sing, etc)	12. Postgraduate CI	HE (give locat	ion(s) and date(s
13. Copy provided appropria	te branch: (X)	Yes () No (Ii	no, specify	reason)
( ) TEMPORARY		(	) PERMANENT	
( ) Limited Suspension (exte	ent and duratio	•	ed Revocation	(extent)
( ) Total Suspension (durat	ion)	( ) Total	Revocation	
( ) Other (specify: e.g. Ter to non-clinical du	np assignment ties)	( ) Other	(specify)	
		EASON FOR ACTION		
<ul><li>( ) Alcohol/Drug abuse (spectrum)</li><li>( ) Conduct/Behavior</li><li>( ) Psychiatric</li></ul>	cify)	( ) M	ncompetent ski edical Disabil ther (specify)	ity (specify)
16. FURTHER ACT	IONS		17. ADDIT	IONAL COMMENTS
ACTION Pendi		ate: No CHAMBE	***************************************	3012121
1. Separated for cause ()	( )	NO CHANGE		
2. Resigned () 3. Retired ()	(X) 05 C	3 89		
4. Flag ()	( )		• .	
5. Special pay removal ()	( )	TRU	E CERTIFIED COPIES	
6. Training (specifiy) () 7. Other (specify) ()	( )	BY DA	SG-PSQ COPIES	
Limited Dectaration (		ATION OF PRIVILEGES	- 5 A - 53 =	
Limited Restoration (specify	y).	Date	OF ACELOR	
Total Restoration			of Action	
Preparer	Releas		(2.2.) Before the State of t	State de Maria de Santa de Cara de Car Cara de Cara d
Name: COL,	MC Name:		Colonel, Medi	
Phone Number: Dat	Title: e: Signat	100000	r tor Clinical	. Services
AV 738-8482 05	01 89			<u></u>
DA FORM 5375-R (TEST) See Ro	everse for Inst	ructions on complet	ion of this fo	orm.

(5 m) 1 5 m and AB			
of this form, see AK	40-66; the prop	onent agency is The	Office of The Surgeon General
ractitioner's Name	2. SSN	3. Rank/Branch	4. Date of Birth (mm/dd/yy)
AND, JAMES H.		CPT/MC	
5. Medical/Dental Treatment	t Facility 6.	. Reason for submiss	
Darnall Army Community Hospi Fort Hood, Texas 76544-5063	tal		(X) () ()
		f Problem Identifica	ntion: (e.g. patient, other sta
7. Date of Original Action 21 April 1989	Supervis	or, QA System, etc.	
	ilian ()	10. Clinical Specia	alty: Psychiatry
Volunteer ( ) C AFHPSP ( ) C	ivil Svc () ontracted () ther (specify)	Board Certif ECFMG # N Licensure (giv California, 0	ication: ( ) Yes (X) No  A (If applicable) e state(s) and Expiration Date( 8 31 89
11. School (Med, Dent, Nur Name: Eastern Virginia Degree: MD Date Graduated: 06 18 8	Medical School	Internship, Letter of San Francisco, Residency, Letters of San Francisco	HE (give location(s) and date(s) man Army Medical Center, Preside California, 07 01 83 to 06 30 man Army Medical Center, Preside, California, 07 01 84 to 10 31
13. Copy provided appropria	re branch: (X	Yes () No (I	f no, specify reason)
13. Copy provided appropria	ite Oranen. (1	,	
( ) TEMPORARY			x) PERMANENT
( ) Limited Suspension (ex	tent and duration	on) () Limi	ted Revocation (extent)
<ul><li>( ) Total Suspension (dura</li><li>( ) Other (specify: e.g. T to non-clinical d</li></ul>	emp assignment		l Revocation r (specify)
		REASON FOR ACTION	
			Incompetent skills
(X) Nicohol/Drug abuse (sp () Conduct/Behavior () Psychiatric	ecity) Marijuan	( )	Medical Disability (specify) Other (specify)
	4		
16. FURTHER AC	TTOMS		17. ADDITIONAL COMMENTS
ACTION Pend 1. Separated for cause ( 2. Resigned (	ling Completed	CPT Bland by the Co	was detected in urine sample on the was offered a court marting manding General, but, was permeter the good of the service.
4. Flag 5. Special pay removal ( 6. Training (specifiy) ( 7. Other (specify)	) ( )	resignati on 20 Apr a less-th	on request was returned approve il 1989. CPT Bland will receiv an-honorable discharge and has 1 separation.
4. Flag ( 5. Special pay removal ( 6. Training (specifiy) (	) ()	resignati on 20 Apr a less-th days unti	on request was returned approve il 1989. CPT Bland will receiv an-honorable discharge and has 1 separation.
4. Flag ( 5. Special pay removal ( 6. Training (specifiy) ( 7. Other (specify) (	) () ) ()	resignati on 20 Apr a less-th days unti ORATION OF PRIVILEG Da	on request was returned approve il 1989. CPT Bland will receiv an-honorable discharge and has 1 separation.  ES  te of Action
4. Flag ( 5. Special pay removal ( 6. Training (specifiy) (	) () ) () 18. REST	resignati on 20 Apr a less-th days unti ORATION OF PRIVILEG Da	on request was returned approve il 1989. CPT Bland will receiv an-honorable discharge and has 1 separation.  ES te of Action
4. Flag ( 5. Special pay removal ( 6. Training (specifiy) ( 7. Other (specify) (	) ( ) ) ( )  18. REST  ify)  TRUE CERTIFIE  BY DASG-PSQ	resignati on 20 Apr a less-th days unti  ORATION OF PRIVILEG  Da	on request was returned approve il 1989. CPT Bland will receiv an-honorable discharge and has 1 separation.  ES  te of Action



# DEPARTMENT OF THE ARMY OFFICE OF THE ASSISTANT SECRETARY WASHINGTON DC 20310-1801 2 8 MAR 1989



SAMR-RB

MEMORANDUM FOR COMMANDER, U.S. TOTAL ARMY PERSONNEL COMMAND

SUBJECT: Resignation for the Good of the Service (CPT James H. Bland, MC.

The recommendation of the Department of the Army Ad Hoc Review Board that the resignation for the good of the service tendered by CPT James H. Bland, MC. be accepted with issuance of an under other than honorable conditions discharge, is approved.

Eeputy Assistant Secretary
(DA Review Boards and Equal Employment
Opportunity Compliance and Complaints Review)

SEP-890503 SHP-890602 CODE-DFS BAG#-227

RUE CERTIFIED COPIES
BY DASG-PSQ AND

HSXI~HOS-PO (AFVB~JA-TDS/20 Jan 89) (635a) 1st End Mr Altman/AV 738~8383 SUBJECT: Resignation for the Good of the Service

Cdr, Medical Company, USA MEDDAC, Fort Hood, TX 76544-5063 25 January 1989 THRU:

Cdr, USA MEDDAC, Fort Eood, TX 76544-5063 &6.

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CFA, Fort Hood, TX 76544-5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandria, VA. 22332-0400

- 1. Recommend approval. Recommend a Discharge Certificate, DD Form 794A, (Under Other Than Honorable Conditions) be issued.
- 2. Conditions of paragraph  $1\sim3d(1)$ , AR 635~120 do exist. CPT(P) Bland is pending Courts Martial for violation of Article 112a, UCMJ, for use of marijuana. He was identified through urinalysis. He currently has an active duty obligation through 21 April 1992.
- 3. Necessary action will be taken to adjust and close any public property or financial accounts of the officer concerned, if applicable.
- 4. Officer will be scheduled for medical examination in accordance with paragraph 2~1, AR 635~120.

31 Encls

CPT, MS Commander

TRUE CERTIFIED COPIES
BY DASG-PSQ

HSXI-HOS-PO (AFVB-JA-TDS/20 Jan 89) (635a) 2d End Mr Altman/AV 738-8383 SUBJECT: Resignation for the Good of the Service

Cdr, USA MEDDAC, Fort Hood, TX 76544-5063 25 January 1989

#### THRU:

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CPA, Fort Hood, TX 76544-5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandria, VA. 22332-0400

Recommend approval. Recommend a Discharge Certificate, DD Form 794A, (Under Other Than Honorable Conditions) be issued.

31 Encls

Colonel, Medical Corps
Commanding

TRUE CERTIFIED COPIES
BY DASG-PSQ

c; (1 .		(	CHARGE SHEET	amananing Compliciae von der mittel durc von annander felden is bereiner verbinier reigelijdliche aus von der
1. NAME DE AC	CUSED (Last, First, MI)		I. PERSONAL DATA	
BLAND, J.	AMES HENRY		2. SSN	J. GRADE OR RANK A. PAY GRADE
				6. CURRENT SERVICE
FORT HOOK		Medical Dep	Partment Activity	22 June 1983 OBY
4. BASIC	5. SEA/FOREIGN DUTY	· · · · · · · · · · · · · · · · · · ·	3. NATURE OF RESTRAINT OF ACCUSED	9. DATE(S) IMPOSED
	J. SEATFOREIGN BUTY	C. TOTAL	_	
\$2339.10	N/A	\$2339.10	N/A	N/A
The		I CHAS	PGES AND SHECKSICATIONS	

AAACHARGE: VIOLATION OF THE UCMJ, ARTICLE 112a

specification: In that Captain James H. Bland, United States Army, U.S. Army Medical Department Activity, Fort Hood, Texas, did, at some unknown location, between 4 October 1988 and 2 November 1988, wrongfully use marijuans, the use of which was detected by biochemical testing of a urine sample which the said Captain James H. Bland submitted to military authorities on 2 November 1988, at Fort Hood, Texas.

TRUE CERTIFIED COPIES
BY DASG-PSO

11a. NAME OF ACCUSER (Last, First, MI)	III. PREFERRAL	
d. SIGNATURE/OF ACCOSE/	b. GRADE CPT	c. ORGANIZATION OF ACCUSER Medical Company, USA MEDDAC
		18 July 89

AFFIDAVIT: Before me, the undersigned, authorized by law to administer oaths in cases of this character, personally appeared the above named accuser this 1874 day of 1874 day of 1974, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either has personal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.



Medical Company, USA MEDDAC

Organization of Officer

Second Lieutenant

Adjutant

Official Capacity to Administer Ooth
(See R.C.M. 301(b)—must be commissioned officer)

Grade

Signotur

D.FORM 458

12.	
On / Samelary . 19 87 . the accused	was informed of the charges against him/her and of the name(s)
the accuser(s) known to me/(See R.C.M. 308 (a)). (See R.C.M. 308 i	f notification cannot be made.)
	Medical Company, USA MEDDAC
Typed Name of Immediate Commander	Organization of Immediate Commander
Captain Cade /	
Structure	
	MARTIAL CONVENING AUTHORITY
13.	
The sworn charges were received at 1440 hours, 18 Jan	19 37 at Headquarters, USA MEDDAC  Designation of Command or
Tort Hood, TX:	· · · · · · · · · · · · · · · · · · ·
Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)	
	XXXXXX
	Commander, USA MEDDAC
Typed Name of Officer	Official Capacity of Officer Signing
0.7	
<u>Colonel</u>	
Signature	
	RVICE OF CHARGES
144, DESIGNATION OF COMMAND OF CONVENING AUTHORITY 6.	PLACE c. DATE
Referred for trial to the court-martial convened by	
,	ubject to the following instructions: 2
Command or Order	)(
Typed Name of Officer	Official Capacity of Officer Signing
Grade	TRUE CERTIFIED COPIES BY DASG-PSQ
	BY DASG-PSQ
Signature	
15,	
On, 19, 1 (caused to be) s	served a copy hereof on (each of) the above named accused
Typed Name of Trial Counsel	Grade or Rank of Trial Counsel
	The state of the s
Signature	
FOOTNOTES: 1 - When an appropriate commande	r sighs Dersonally inapplicable words are stricken
2 - See R.C.M. 601(e) concerning in	structions. If none, so state.

None



# THIS IS AN IMPORTANT RECORD



ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD 1 JUL 79 214	PREVIQUS FORM	ARE 0850			FROM A	ATÉ OF RELEA: CTIVE DUTY		
1. NAME (Last, first, modale)		·	2. DEPARTM	ENT, COMPONENT AND			TIAL SECURITY	NO.
BLAND, JAMES HENRY			ARM	Y USAR M	íC		5 6	
44. GRADE, RATE OR RANK	40, PAY GRADE	S. DATE O	F BIRTH	6. PLACE OF ENTRY	INTO ACTIVE D	YTUS		-
CPT	<u>0−3</u>			Norfolk, V	Ά			
7. LAST DUTY ASSIGNMENT AND MAS	OR COMMAND			8. STATION WHERE	SPARATED			
Med Co USA MEDDAC	115	SC HS		Fort Hood,	Texas			
P. COMMAND TO WHICH TRANSFERR	10				1	o, sgu coyerage		
NA						AMOUNT \$ 50	∞	- NOHE
11, PRIMARY SPECIALTY NUMBER, TITE MONTHS IN SPECIALTY (Additional	el commence altera man marine and a	mil 111/44		12. RECORD OF SERV	1CE	YEAR (s)	MON (1)	DAY /5/
in bytoing pendas of one or mor	e rearsi			a, Date Entered AD	This Period	83	06	22
UW9C, Psychiatrist,	l year and	6 mont	hs//	å, Separation Date :	This Period	89	_ 05	03
Owno, Psychiatrist,	Internship	Program	m _	c, Net Active Service	e This Period	05	10	12
, year; kesidency Pr	ogram, 3 yes	ers//NO	THING	d. Total Prior Active	Service	00	00	00
'OLLOWS				e. Total Prior Inactiv	e Service	04	00	04
				J. Foreign Service		00	00	00
				g. Seo Service		00	00	00
				h. Effective Care of	Pay Grode	83	06	22
3. DECORATIONS, MEDIALS, EADGES,				i. Reserve Oblig. Te	rm. Dale	00	00	00
OTHING FOLLOWS	oourse, o we	eks (19	978)//AI	cted) ŒDD Combati	Casualt	y Course, 1	week ()	1983)/
. WEMBER CONTRIBUTED TO MORE THE	TTNAM ERA KZ PROSZAJA [7]		978)//Ai	EDD Combat SCHOOL GRADUATE O	r equivalent		, DAYS ACCR	JED .
. MEMBER CONTRIBUTED TO POST. VIE VETERANS' EDUCATIONAL ASSISTAN B. REMARKS	TINAM ERA KZ PROGRAM YE	s X ×	978)//Ai	EDD Combat  SCHOOL GRADUATE O	R EQUIVALENT	17	. DAYS ACCRI	JED .
5. MEMBER CONTRIBUTED TO POST. VIE VETERANS' EDUCATIONAL ASSISTAN 18. REMARKS PENTEL CATE WAS NOT	TNAMERA KE PROGRAM YE  Provided wit	s X ×	978)//Ai	EDD Combat  SCHOOL GRADUATE O	REQUIVALENT  NO  Fation//	17	. DAYS ACCRI	JED .
5. MEMBER CONTRIBUTED TO POST. VIEW VETERANS' EDUCATIONAL ASSISTANT REPARAMENTAL CORP. WAS NOT:  9. MARLING ADORESS AFTER SEPARAMENTAL POPILAR AVENUE ()	TNAMERA  CA PROGRAM TYE  Provided wit  ON  Independent	is ⊠≪ hin 90	978)//Ai	EDD Combat  CHOX GRADUATE OF  VES  FIOR to sepa	P EQUIVALENT  NO  ration//  D COPJES	NOTHING FOI	DAYS ACCRI LEAVE PAIDY LOWS	JED JONG
5. MEMBER CONTRIBUTED TO POST MIS VETERANS' EDUCATIONAL ASSISTANT IB. REMARKS  CENTED CATE WAS NOT:  19. MULING ADORSS AFTER SEPARATION IN THE PROPERTY OF THE	provided wit	is ⊠≪ hin 90	978)//Ai	EDD Combat  CHOX GRADUATE OF  VES  FIOR to sepa	P EQUIVALENT  NO  ration//  D COPJES	/NOTHING FOI	LOWS  LOWS  PY & BE  OIR. CF VET	uto ione
5. MEMBER CONTRIBUTED TO POST MIS VETERANS' EDUCATIONAL ASSISTANT IB. REMARKS  CENTED CATE WAS NOT:  19. MULING ADORSS AFTER SEPARATION IN THE PROPERTY OF THE	provided wit	hin 90	978)//Ai	EDD Combat  CHOX GRADUATE OF  VES  FIOR to sepa	D COPIES	AEMBER REQUESTS CO SENT TO VA AFFAIRS OFFICIAL	DAYS ACCRI LEAVE PAIDY LOWS LOWS	Jeo ione
5. MEMBER CONTRIBUTED TO POST.MIS VETERANS' EDUCATIONAL ASSISTAN  18. REMARKS ENTEL CATE WAS NOT  9. MALING ADDRESS AFTER SEPARATI  116 Poplar Avenue (1)  Newport News, VA 236	TINAMERA KZ PROGRAM	hin 90	978)//Ai	EDD Combat  SCHOOL GRADUATE OF  K YES  TIOT TO SEPA  TRUE CERTIFIE  BY DASG-PSQ	D COPIES	MOTHING FOI  MEMBER RECKESTS CO SENT TO VA AFFAIRS	DAYS ACCRI LEAVE PAIDY LOWS  FY 6 BE OIR CF VET A YES	JED ione
5. MEMBER CONTRIBUTED TO POST.MIS VETERANS' EDUCATIONAL ASSISTAN  18. REMARKS ENTEL CATE WAS NOT  9. MALLING ADDRESS AFTER SEPARATI 116 Poplar Avenue (1) Newport News, VA 236  11. SIGNATURE OF MEMBER BEING SEP	provided wit	hin 90	days pr	EDD Combat  SCHOOL GRADUATE OF  VES  TIOT TO SEPA  TRUE CERTIFIE BY DASG-PSQ	D COPIES	AMARIA RECUESTS CO SENT TO VA AFFAIRS OFFICIAL  USA Transit	DAYS ACCRI LEAVE PAIDY LOWS LOWS	JED ione
5. MEMBER CONTRIBUTED TO POST.MIS VETERANS' EDUCATIONAL ASSISTAN  18. REMARKS ENTEL CATE WAS NOT  9. MALING ADDRESS AFTER SEPARATI  116 Poplar Avenue (1)  Newport News, VA 236  11. SEGLIQUES OF MEMBER ESING SEPARATI  2. TYPE OF SEPARATION	provided wit	hin 90	days programmer of the program	SCHOOL GRADUATE OF SCHOOL GRADUATE OF THE CERTIFIE BY DASG-PSQ	D COPIES  AND  20. A  EXENTINE OF  LES agencies on  VICE (Includes	NOTHING FOI  NOTHING FOI  MEMBER RECRESTS CO  WHI TO VA  AFFAIRS  COFFICIAL  USA Transit  USA Transit	DAYS ACCRI LEAVE PAIDY  LOWS  FY 6 BE OIR OF VET  TYES  JOHN POI	veo ione
5. MEMBER CONTRIBUTED TO POST. ME VETERANS' EDUCATIONAL ASSISTAN  18. REMARKS  ENTEL CATE WAS NOT  9. MAJUNG ACCRESS AFTER SEPARATI  116 Poplar Avenue (1)  Newport News, VA 236  11. SIGNATURE OF MAJOR EXING SEPARATION  DISCHARGE	provided wit	hin 90	days programmer of the program	SCHOOL GRADUATE OF SCHOOL GRADUATE OF THE CERTIFIE BY DASG-PSQ	D COPIES  AND  20. A  EXENTINE OF  LES agencies on  VICE (Includes	MOTHING FOI  MEMBER RECUESTS CO  WHI TO VA  AFFAIRS  COFFICIAL  USA Transit	DAYS ACCRI LEAVE PAIDY  LOWS  FY 6 BE OIR OF VET  TYES  JOHN POI	veo ione
9. MANUNG ADDRESS AFTER SEPARATION AND THE CONTRIBUTED TO POST. WIS VETERANS' EDUCATIONAL ASSISTANCE. REMARKS  9. MANUNG ADDRESS AFTER SEPARATION TO THE CONTRIBUTION OF MANUER BEING SEPARATION DISCHAIRS CONTRIBUTED TO SEPARATION AUTHORITY	provided wit	hin 90	days procession	SCHOOL GRADUATE OF SCHOOL GRADUATE OF THE CERTIFIE BY DASG-PSQ	D COPIES  AND  20. A  EXENTINE OF  LES agencies on  VICE (Includes	NOTHING FOI  NOTHING FOI  MEMBER RECRESTS CO  WAT TO VA  AFFAIRS  COFFICIAL  USA Transit  USA Transit	DAYS ACCRI LEAVE PAIDY LOWS  FY & BE OIR OF VET T YES  LOT Poi	vione No
S. MEMBER CONTRIBUTED TO POST. WE VETERANS' EDUCATIONAL ASSISTANT IS. REMARKS  PER MAULING ADORESS AFTER SEPARATION IS SONOTHE OF MEMBER EXING SEPARATION DIS CHARGE  TO THE OF SEPARATION DIS CHARGE  TO THE OF SEPARATION AUTHORITY  Chap 5 AR 635-120	on Independent SPECIAL ADOIT	hin 90	days procession	EDD Combat  SCHOOL GRADUATE OF  K YES  TIOT TO SEPA  TRUE CERTIFIE  BY DASG-PSQ  (For use by suthorized the character of ser Under Other	D COPIES  AND  20. A  EXENTINE OF  LES agencies on  VICE (Includes	AEMBER RECUESTS CO SENT TO VA AFFAIRS OFFICIAL  USA Transit  USA Transit  Honorable C	DAYS ACCRI LEAVE PAIDY LOWS  FY & BE OIR OF VET T YES  LOT Poi	vione No
5. MEMBER CONTRIBUTED TO POST, WE	on Independent SPECIAL ADOIT	hin 90 City)	days procession	SCHOOL GRADUATE OF SET OF TO SEPARATE ANGE  FIOR TO SEPARATE ANGE  OF USE-by authorized the Character of SER Under Other School Code  S. SEPARATION CODE	D COPIES  AND  20. A  EXENTINE OF  LES agencies on  VICE (Includes	NOTHING FOI  ARMARI RECUESTS CO SENT TO VA AFFAIRS OFFICIAL  USA Transit  Lipy  upgrade:  127. REEMISIMENT	DAYS ACCRI LEAVE PAIDY LOWS  FY & BE OIR OF VET T YES  LOT Poi	vo nt

INITIALS

### DEPART IT UP THE ARMY HEADQUARTERS III CORPS AND FORT HOOD

FORT HOOD, TEXAS 76544-5056

JD JAMES HENRY SAA FT HOOD TX 76544

CPT W2M5 USA MEDDAC FT HOOD

are reassigned to the US Army transition point shown for transition process-. After processing, you are discharged from the component shown. If you are ayed in reporting to the transition point, you still must report to the asition point as soon as possible or as authorized to receive a new effective e of discharge.

igned to: USA Transition Point (WOVC1A) Ft Hood TX 76544-5056

orting date: 3 May 1989

ponent: USAR

e of discharge unless changed or rescinded: 3 May 1989

itional instructions: ....... /20-1. 116 Poplar Ave, Newport News VA 22607.

a) Your mail will be forwarded to 116 Poplar Ave, Newport News VA 22607. ou will proceed on date of discharge. (c) All Reserve of the Army and Army f the United States appointments are terminated.

ARMY USE

h: AR 635-120

: Newport News VA

EAD/DAD: Norfolk VA

): 7BD9 BEH: NA

mat: 501

R THE COMMANDER:

STRIBUTION:

a Clk, Garrison PSC (16)

r, unit concerned (5)

asol Fin, Bldg 121 (4)

T BLAND c/o Sep Clk

A Ofc, III Corps (2)

R 01k, PAD (1)

/A (1)

lleting Ofc, Bldg 108 (1)

ficer's Club (1)

:-RED, 3d Fin Gp (2)

DA (TAPO-PDT-RS Ms Bush) Alex VA 22332-0400 (1)

DOL, AG

Adjutant General

(10)

TRUE CERTIFIED CORIES BY DASG-PSQ /

and the second of the second o

and the second of the second o to the commence of the second second



### DEPARTMENT OF THE AIR FORCE HEADQUARTERS UNITED STATES AIR FORCE

RECEIVED
SACRAMENTO
MEDICAL BOAR
OF CALIFORNIA
MAR 25 2 50

9.31

FROM: HQ AFMOA/SGPC

1 9 MAR 1993

170 Luke Avenue, Suite 400 Bolling AFB, D.C. 20332-5113

SUBJ: Report of Adverse Disciplinary Action

TO: Federation of State Medical Boards 600 Western Place, Suite 707 Fort Worth, TX 76107

- 1. Department of Defense policy requires that we notify licensing agencies of certain actions involving licensed providers. The following is provided:
  - a. Individual's Name: Bland, James Henry
  - b. Date of Birth:



c. Social Security Number:



- d. Home of Record: 5th Avenue Medical Bldg, Suite 502, 307 5th Ave SE, Minot, ND 58701
  - e. Degree: M.D. (1983)
  - f. Institution: Eastern Virginia Medical School
- g. State and Number of Licensure: North Dakota #5795, California #A043584, and North Carolina #33619
- h. Military Treatment Facility Involved: 5th Medical Group, 10 Missile Avenue, Minot AFB ND 58705-5024
  - i. Date and Action: Clinical privileges revoked, 29 Dec 92
- j. Basis for Action: Doctor Bland's privileges were revoked due to data provided on his privilege application being essentially untrue.
- 2. Please provide us with a copy of any action you take as a result of this notification. Requests for further information may be sent to Major Steve Putbrese at HQ/AFMOA SGPC, 170 Luke Avenue, Suite 400, Bolling AFB D.C. 20332-5113, (202) 767-2591.

THEODORE P. YURKOSKY, Col, USAF, MC, FS Chief Clinical Quality Management Division Air Force Medical Operations Agency Office of the Surgeon General

CA. LICENSE NO.

ORIGINAL ISSUE DATE

EXPIRATION DATE

DISCIPLINARY ACTION

MC 3-30-93

cc: HQ AFMPC/DPMMU

NGB/SG

HQ AFRES/SG

HQ ARPC/SG

HQ USAFRS/RSHP

THE HAVE THO ACCASO HE STREET HE WITH THE

ND State Bd of Med Exam

CA Bd of Med Q & A

NC State Bd of Med Exam Doctor Bland

## 28 USC SECTION 1746 UNSWORN AFFIDAVIT UNDER PENALTY OF PERJURY

I am Paul E. Huelskamp, SSgt, of the Air Force Surgeon
Generals Office, Bolling AFB, DC 20332-5113. I am the
custodian of the Medical Professional Staffing Record for
James H. Bland, M.D., which are maintained at the Air Force
Surgeon General's Office. The attached documents are exact
copies of documents contained in said file.

I declare under penalty of perjury that the foregoing is true and correct. 25 MAY 1993

and the same of the second of

Executed on \_\_\_\_\_

PAUL E. HUELSKAMP, SSGC, USAF

Admin. Manager, Clinical Quality Management Air Force Medical Operations Agency Office of the Surgeon General



JAMES H. BLAND M.D.

# DEPARIMENT OF THE AIR FORCE STH MEDICAL GROUP (ACC) MINOT AIR FORCE BASE, NORTH DAKOTA

FROM:	10 Missile Avenue Minot ArB, ND 58705-5024	29 December 1992
SUBJ:	Credentials Function Proceeding in Re: Dr James Bla	and .
TO:	Dr James Bland 5th Avenue Medical Building, Suite 502 307 5th Ave SE Minot, ND 58701	· · · · · · · · · · · · · · · · · · ·
approv	ving fully reviewed the record of the subject proceeding the recommendation of the credentials function and sprivileges be revoked.	ding, I am and direct that James
decisi	u are advised of your right to appeal, according to on will remain in effect during appellate proceeding to the state of t	AFR 168-13. My s.
1st In	nd, Dr James Bland	
Receir	ot acknowledged.	

SENDER:  • Complete items 1 and or additional services.  • Complete items 3; and 4a & b.  • Print your name and address on the reverse of this form so tha return this card to you.  • Attach this form to the front of the mailpiece, or on the back if does not permit.	
Write "Return Receipt Requested" on the mailpiece below the arti-	cle number. 2. Restricted Delivery
. The Return Receipt Fee will provide you the signature of the person	Consult postmaster for fee.
to and the date of delivery.	
3. Article Addressed to:	4a. Article Number
DR JAMES H. Bland	P209 415-953
DR JAMAS M. DUTTE	4b. Service Type
5th ave Med Blog sale 502	☐ Registered ☐ Insured ☐ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	☐ Certified ☐ COD
307 5 4 AVE SE	☐ Express Mail ☐ Return Receipt for Merchandise
MINIT AFB 10 58701	7. Date of Delivery
	12-8-92
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6, Signature (Agent)	
1V15m0/10/	
PS Form 38-11, November 1990 ± u.s. GPO: 1991-28	7-068 DOMESTIC RETURN RECEIPT

and the second of the second o

to the same for the same of the same of

1.5



#### DEPARTMENT OF THE AIR FORCE

5TH MEDICAL GROUP (ACC)
MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: 5th Medical Group/MGH

1 December 1992

10 Missile Avenue

Minot AFB, ND 58705-5024

SUBJ: Notification of Executive Committee of the Medical Staff

Recommendation in Re: Dr James Bland

TO: Dr James Bland

5th Avenue Medical Bldg, Suite 502

307 5th Ave SE Minot, ND 58701

1. The 5th Medical Group credentials function has made the following recommendation to Lt Col Anthony Alford in your credentials proceeding:

Recommendation to the facility commander is that James H. Bland's privileges be revoked.

2. You have ten duty days from the date of receipt of this notification to submit a letter of exceptions to Lt Col Anthony Alford, if you so desire. Lt Col Alford may grant additional time for good cause. A copy of the hearing is attached per your request.

Laurence R. Whitehunt

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS Chairperson, Credentials Function

1 Atch Hearing Transcript

and the second of the second o

1st Ind, Dr James Bland

(Date)

TO: Chairperson, Credentials Function (Col Whitehurst)

Receipt acknowledged. I understand I have 10 days to give a letter of exceptions to Lt Col Alford if I so desire.

JAMES H. BLAND M.D.

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the mailpiece, or on the back indices not permit.  Write "Return Receipt Requested" on the mailpiece below the artion. The Return Receipt Fee will provide you the signature of the person to and the date of delivery.	if space 1. ☐ Addressee's Address
3. Article Addressed to:	4a. Article Number
DR JAMES BLAND	11 /2
5TH AVE MEDICAL BLDG STE 502	4b/Service Type Registered Insured
307 5TH AVE SE	Certified Lagrand COD 1. Thing Day 2004
MINOT ND 58701	☐ Express Mail ☐ Return Receipt for Merchandise
	7. Date of Delivery
5. Signature (Addressee)	8. Addressee's Address (Only if requested
	and ree is belov
6. Signature (Agent)	
PS Form 3811, November 1990 + U.S. GPO: 1891, 28	87-066 DOMESTIC RETURN RECEIPT

# DEPARTMENT OF THE AIR FORCE 5th Medical Group (ACC) Minot Air Force Base, North Dakota

FROM: MGH

l December 1992

SUBJ: Minutes of Executive Committee of the Medical Staff

TO: Hospital Executiva Commisses

1. PLACE: CC Conference Room

2. TIME/DATE: 1530, Tuesday, 24 Nov 92

Sam Fulton, Civ, Recorder

3. ATTENDANCE:

#### a. Present:

Col Lawrence R. Whitehurst, MC; Chief, Hospital Svcs (Chairperson)
Lt Col Robert E. Clover, MSC; Hospital Administrator
Lt Col Albert P. Fischer, MC; Chief, Radiology Services
Lt Col David W. Walsh, MC; Chief, Emergency Services
Maj Timothy J. Flock, MC; Chief, Medical Services
Maj Charles P. Kielkopf, 5 BMW/JA, Legal Advisor
Maj Dan R. Hansen, MC; Chief, Medical Services
Capt Joseph E. Fruland, MC; Chief, Medical Services
Lt Col Contiguglia)
Capt Thomas D. Weston, BSC; Asst Chief, Primary Care Svcs (for Maj Povich)
Joe Boucher, Civ. QA Coordinator

b. Absent:

Lt Col Joseph J. Contiguglia, MC; Chief, Aerospace Medicine (Exercise) Maj George M. Fortier, MC: Chief, Surgical Services (Leave) Maj Mark A. Povich, MC; Chief, Primary Care Services (TDY)

c. Visitor:

1: 7.1 Laura Boone, NC; Chief Mursing Services Lt Col Kerby L. Hertz, NC; Asst Chief, Mursing Services

b. Ref para 7.a. of 8 Sep 92 Credentials Meeting, re Provider #070383 and adverse report from the Federation of State Medical Boards. Hearing was held 3 Nov 92, hearing committee findings of fact was that data contained on the AF Form 1540 submitted by provider is essentially untrue. Unanimous recommendation of committee was that provider's privil ges be revoked. Committee Concurred with recommendation of hearing committee. Recommendation will be forwarded to the MFC. (OPEN: SEP 92, OPR: SGH, ELC: DEC 92)



### DEPARTMENT OF THE AIR FORCE 5TH MEDICAL GROUP (ACC)

MINOT AIR FORCE BASE, NORTH DAKOTA

20 October 1992

FROM:

5th Medical Group/SGH

10 Missile Ave

Minot AFB, ND 58705-5024

SUBJ: Notification of Credentials Hearing

TO: Dr. James Bland

5th Ave Medical Bldg, Suite 502

307 5th Ave SE Minot, ND 58701

- 1. I have scheduled a hearing, per your request, with regards to the recommendation of the Credentials Committee that your clinical privileges be revoked at this facility.
- 2. Allegations being addressed are: Failure to give truthful and correct answers in response to questions asked on AF Form 1540 (Application for Clinical Privileges.) Specifically in Part VIII, subsections A, D, G, and H. Documentation confirming your misrepresentation is in either your possession or that of your counsel, Mr Richard Thomas.
- 3. The hearing is scheduled for Tuesday, 3 November 1992 at 1300 in the Military Courtroom on the 2nd floor of Building 975 at Minot Air Force Base. You have the right to present evidence and call witnesses in your behalf, and to consult and be represented by legal counsel. It is your responsibility to arrange for the presence of any witness you desire and to present both written and oral evidence in your behalf. I refer you to Attachment 2, AFR 160-13 for more detailed information on the conduct of an Air Force Credentials hearing and your rights.
- 4. Failure to appear at the appointed time and specified place will be construed as a waiver of those rights set out in paragraph 3.
- 5. The chairperson of the credentials hearing committee may change the time and place of the hearing upon your written request, if based on good cause.
- 6. If you have further questions with regards to this matter, please contact my office or the base legal assistance office.

owner R. Whitehund

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS

Chief, Hospital Services

Chairperson, Credentials Function

1 Atch

AF Form 1540

1st Ind, Dr Bland (Date)

TO: Chairperson, Credentials Function

I acknowledge receipt of the Letter of Notification of Hearing, dated 19 Oct 92.

JAMES BLAND, M.D. Global Power for America

SGASA - 92-5	<u> </u>
SENDER:  • Complete items 1-end/or 2 for additional services.  • Complete items 3, and 4a, 8 h	l also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so that return this card to you.      Attach this form to the front of the mailplace, or on the back if see the property of the mailplace.	'   A   A   A   A   A   A   A   A   A
does not permit.	e number 2. Restricted Delivery
Write neturn Receipt Fee will provide you the signature of the person to and the date of delivery.	
3. Article Addressed to: DR JAMES BLAND	4a. Article Number R612 156 625
5TH AVE MEDICAL BLDG SUITE 502	4h Service Type Registered Insured
307 5TH AVE SE MINOT ND 58701	☐ Certified ☐ COD ☐ Express Mail ☐ Receipt for Merchandise
	7. Date of Delivery
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Kgent)	
PS Form 3811, November 1990 + U.S. 6PO: 1991—287	DOMESTIC RETURN RECEIPT



# DEPARTMENT OF THE AIR FORCE STH MEDICAL GROUP (ACC) MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: SGH 8 September 1992

SUBJ: Notice of Intent to Recommend Revocation of Privileges

TO: James Bland, M.D.

- 1. The Credentials Committee has reviewed the completed investigation of false statements made on your AF Form 1540, Application for Clinical Privileges and regrets to inform you that we intend to recommend revocation of your clinical privileges and termination of your medical staff appointment at the 5th Medical Group. Our investigation has revealed that you received an "Other than Honorable" discharge from the United States Army in lieu of court marshal for illegal use of a controlled substance, marijuana. We have received official notification from the Office of the Surgeon General of the United States Army that your clinical privileges were revoked on 21 April 1989 as a result of the drug incident which occurred in January 1989. It is unbelievable to the Committee that you could have been totally unaware that actions this serious were being taken against you. Our investigation has also revealed that you characterized your discharge from the Army as honorable when you applied for a license to practice medicine in North Dakota. Again, it is impossible for the Committee to believe that you did not know at the time you applied for a license in North Dakota that your discharge would be other than honorable, since you were resigning in lieu of court martial.
- 2. In response to your question in your letter of 26 Aug 92 as to why this issue has now been raised, I must remind you that we had no knowledge of this problem at the time you applied for privileges since you made no mention of it in any of your communications with us. Had HQ Air Force not directed us to accomplish a 100% review of all civilian physicians with the Federation of State Medical Boards, we might never have known about this problem. We notified you of the problem as soon as we received the notification from the Federation of State Medical Boards. We requested a legal review of our actions in this case from the local Staff Judge Advocate of Minot Air Force Base and he has concluded that the conditions placed on your license by the State of North Dakota do constitute a limitation and it was therefore reasonable of us to expect you to report them. We regret that we have had to recommend so severe an action in your case, but in matters of physician integrity the Air Force will accept nothing less than total honesty on the part of those physicians whom we employ or with whom we make agreements, partnerships or contracts.
- 3. You are advised that you have the right upon your request, to have a credentials hearing committee review this action. To have this hearing you must make a written request to me within 30 days from the date you receive this notification. If you fail to ask within that time, or if you fail to appear at a hearing sc requested, you waive your rights to the hearing.
- 4. Depending on the outcome of this action, HQ USAF/SCDQ may report the matter to appropriate professional regulatory agencies. I refer you to AFR 168-13,

attachments 2 and 3, for information on the specific procedures involved with this action and your rights.

(Date)

Lourence R. Whitehurt

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS Chief, Hospital Services

Chairperson, Credentials Committee

1st Ind, Dr Bland

TO: Chairperson, Credentials Committee

I acknowledge receipt.

JAMES H. BLAND, M.D.

ATTACH a	opropriate fee as shown in	Add you	it address in th	e "RETURN TO" space on reverse
	or the Dynn.	AFTER MAILING:  attion to whom del (Attach appropriate DUPLICATE: provi to whom delivered; DUPLICATE: provi to whom delivered; to whom delivered,	provide name ivered and dat fee as shown de name of in- ind date of de de name of in-	of individual, company, or organi- e of delivery. in Section 932.2 of the DMM) dividual, company, or organization livery.
cate fee pre-	viously paid for item 2.	3. Mailing Date  G Seps GZ	4. COD 1	٧٥.
R612-15	76-591	•		8. Express Mail No.
Suite 5	00 00 7	BLANCE STA /	DUE MY	DEdical Bldg D 58701
POSTAL	M. Smette			14. Postmark of Delivery Office
RECORDS SHOW DELIVERY	12. Address (Complete onl	y if requested)	13. Clerk's Initials	1992
201	YY ND 5870		RE	Do not process it  Se To above is not ca ted.
	Mailing post cate fee pre S. Registered Suck S	POSTAL RECORDS SHOW 12. Address (Complete onl 307 5th Av SE	All ACH appropriate fee as shown in Section 932.2 of the DMM.  Section 932.2 of the DMM.  Add you article to More delivered a DUPLICATE: prow to whom delivered a DUPLICATE: prow to whom delivered, and the section of	ATTACH appropriate fee as shown in Section 932.2 of the DMM.  Add your address in the Section 932.2 of the DMM.  AFTER MAILING: provide name aution to whom delivered and date of delivered, date of d

JAMES H. BLAND.M.D.
DIPLOMATE OF THE
American Board
OF PSCHIATRY AND
Neurology
307 5TH AVE..S.E.
MINOT. N.D. 58701
AUGUST 26. 1992

To: Col. Lawrence R. Whitehurst. USAF, MC.FS Chairperson. Credentials Function

- Thave received your correspondence dated 28 July 1992 (please see the enclosed copy). And I have received a copy of the "Health Care Provider Clinical Privileges Action Report" dated 28 July 1992 (please see the enclosed copy). And as I have mentioned to you. I dispute your allegation that I knowingly provided false information on my AF form 1540, application for clinical privileges, in which I denied ever having my clinical privileges limited, restricted, or revoked at another institution, and that your license-to practice medicine had never been limited, suspended, or revoked and that i have never been arrested or treated for drug or alcohol abuse.
- 2. I thus request all information from your investigation of this matter be made available to me as soon as possible. I am still attempting to obtain information from Office of The Surgeon General. Please find enclosed a copy of information I have from the Federation of State Medical Boards. DD 214 Letter From Col. Kolmer.
- 3. As Mr. Sletten of The North Dakota Board of Medical Examiners mentioned to you telephonically. My medical license has no restrictions on scope of practice. Also, the board has been reassured through repeated random drug testing of my not using controlled substances. Additionally, There is no hospital on earth that informed me of any limitations on my clinical privileges previously. Thave only recently has been reasonable from you, self that the Office of The Surgeon r voked my clinical privileges on 4/21/88. Since, I was not aware of this when I applied for privileges at your hospital. I couldn't have reported it to you.
  - 4. My application for clinical privileges to your hospital included written permission from me for you to check my Army and clinical background, so I am puzzled why these allegations are coming up three years later, and feel I am being injured

- Circumstances around my exit from the U.S. Army on May 4. 1989 were as follows. In Dec. on 1988, I was informed by my commander, a random urine toxicology screen of mine was positive for THC. The Commander of Darnall Army Community Hospital ordered an emergency meeting of the hospital's credentials committee which ruled that my clinical privileges be left intact. Command then instiated courts martial proceedings against me. My attorneys advised that a courts martial would damage me too much. They prevailed upon me to reluctantly, very reluctantly, resign my commission as an officer. On April 21 1989. DA approved my resignation with a general under other than honorable discharge and then unbeknownst to me aparrently, OSG revoked my clinical privileges in the military. Prior to my resignation. Army Drug and Alcohol officials after evaluating me found I had no chemical dependency.
- 6. In summary, I request immediate institution of my clinical privileges and am prepared to reassure your hospital just as I have all other requesting agencies of any suspicions of drug use by allowing random toxicology screens as felt needed.

Respectfully

James H. Bland, M.D.

### APPLICATION FOR CLINICAL PRIVILEGES

AUTHORITY: Title 10, U.S.C. Chapter 55 and Sections 8067 and 8012.

PRINCIPAL PURPOSE(S): To evaluate each practitioner's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to neet certain conditions

and perform certain medical procedures. ROUTINE USE(S): Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical bustitutions or organizations where the practitioner is applying

for staff privileges during or after separating from the service.

for staff privileges during or after separating DISCLOSURE IS VOLUNTARY: However,	APPLICANT COMPLETES SEC	TION LTHROU	GH IX	,	
	IDENTIFICAT				
l. NAME (Last, First, Middle Initial)	(Detter lear	GRADE	SSN	DATE	
BLAND, JAMES H.		NA		05-01	-91
HOME ADDRESS (City, State and ZIP Code,	)		DUTY PHONE NO	O. HOME P	HONE NO.
1607 llth Street SW, Mino		701 839 42			
MEDICAL FACILITY/UNIT OF ASSIGN- MENT	DUTY SECTION	PRIMARY/ SECONDARY AFSC	SPECIALTY CORPS		
ŃА	NA .	NA	Psychiatry	/ NA	
11.	PROFESSIONAL EC		ATTENDED	!	
NAME OF PROFESSIONAL SCHOOL	LOCATION	FROM	TO	DEGF	.E.S
Fastern VA Medical Schoo	Norfolk, VA	1980	1983	M.D.	
University of VA	Charlottesville, VA	1975	1980	B.A.	
University of VA, ROTC	Charlottesville, VA	1975	1975 1980 Commissi 211 U.S.		
	POST GRADUATE TRAINING (Inter	ashia Paridancy	Fallowshipsi		
111.	POST GRADOATE TRAINING IIII.	nanp, neardency,	, , , , , , , , , , , , , , , , , , , ,	DATES AT	TENDED
NAME OF HOSPITAL OR INSTITUTION	LOCATION		PROGRAM dency, etc.)	FROM	ТО
Letterman Army Medical Center	Presidio of San Francis	Psychi co Reside		07-84	10-8
Letterman Army Medical Center	Presidio of San Francis	Categor co Psychia Interns	itry	07-83	06-8
IV. PRESENT	AND PREVIOUS MILITARY AND CIV	ILIAN ASSIGNME	NTS (Continue on	Reverse)	
IV.			OR SPECIALTY	DATES A	TTENDED
NAME OF HOSPITAL OR ORGANIZATION	LOCATION		ICH ASSIGNED	FROM	то
Letterman Army Medical Center	Presidio of San Franci	sco Psych	iatry	06-83	10-
Darnall Hospital	Fort Hood, TX	- The state of the state	iatry	12-87	/ 05-
1	the second of the second	· · · · · · · · · · · · · · · · · · ·	errages, issue error en som som	The Contract Control MATERIA.	
			-		
		·			
1		1	CHARLES TO THE PROPERTY OF A PROPERTY	DATE OF THE PROPERTY OF THE PR	The same of the sa

NAME OF HOSPITAL OR ORGANIZATION		CATION				WHICH ASL X	FROM	T
Darnall Hospital	Hospital Fort Hood, TX Psychiatry				12-87	0		
Letterman Army Medical Center	Presidio of	San Fra	anci	sco	Ps	vchiatry	06-83	)
/. CERTIFICA	TION/LICENSURE (L	ist all. If addi	itional	space i	s næede	d continue on separate si	neet of paper.)	
FULLY QUALIFIED (Specialty)					5	OXKD CC 124- W		
		CERTIFIC	CATE	NUME	ER	PSYCHIATRY DATE ISSUED	EXPIR	ATION DA
BOARD CERTIFICATION BY	(Specialty Hoard)							
		1	NSE N	ILLARE	=	DATE ISSUED	EXPIR	ATION D.
STATE LICENSURE (Na	me of State)	LICEN	א שבא					
California		A0435	84	<del></del>		04-27-87		
Wastle Dalata		5795				07-21-89		
North Dakota VI. MEMBERSHIP	IN PROFESSIONAL S	OCIETIES (I	If addi	tionals	pace is	needed continue on seps	rate sheet of paper.)	<u> </u>
	NAME OF SOCIETY					STATU	IS (Member, Fellow,	, etc.)
American Psychiatric	Association					Member		
American Medical Ass						Member		
11102.12011				<del>-</del>				
North Dakota Medical	Association					Member Member	-	
North Dakota Medical National Medical Ass	Association sociation	ititioner MUS	ST list	three r	eferenc r previo	Member		
North Dakota Medical National Medical Ass VII.	Association sociation	stitioner MUS es and service	CITTE	,		Member		рноме м
North Dakota Medical National Medical Ass VII.  NAME	Association sociation	stitioner MUS es and service Mino	ADO	DRESS		Member es. Two must be the formus fecility, if you had the Base, State, Zip Code)	TELE	ephone n 89 7100
North Dakota Medical National Medical Ass VII.  REF  NAME BERCHMANS RIOUX	Association  Sociation  ERENCES (Every prace Professional Service)	es and service	ADC	ORESS VD	(City/i	Member es. Two must be the formus facility, if you had the Base, State, Zip Code)	701 83	39 7100
North Dakota Medical National Medical Ass VII.  NAME BERCHMANS RIOUX  PIERRE RIOUX	Association  Sociation  FERENCES (Every prace Professional Service  2.A.A.	Mino	ot, l	ND ND	(City)	Member es. Two must be the formus fecility, if you had the Base, State, Zip Code) Diff	701 83 701 85 701 85	7100 7100 72 72 73
North Dakota Medical National Medical Ass VII.  NAME BERCHMANS RIOUX PIERRE RIOUX	Association  Sociation  FERENCES (Every prace Professional Service  2.A.A.	Mino	ot, l	ND ND ND	City/i	Member  es. Two must be the formus fecility, if you had the Base, State, Zip Code)  P 2  "YES," give full details in	701 83 701 85 701 85	39 7100 52 0735 52 6666 eparate she
North Dakota Medical National Medical Ass VII.  REF  NAME  BERCHMANS RIOUX  PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HI	Association  Sociation  FRENCES (Every pred Professional Service  2.4  STORY (If enswer to a	Mino Mino Mino	ot, lot, lot, lot, loving	ND ND quest	City/i	Member  es. Two must be the formus fecility, if you had the Base, State, Zip Code)  P. 3  TYES," give full details in TE YOU EVER BEEN AF	701 83 701 85 701 85 701 85 701 85	39 7100 52 0735 52 6666 eparate sha
North Dakota Medical National Medical Ass  VII.  REF  WAME  BERCHMANS RIOUX  PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HI A. HAS YOUR LICENSE TO PRANY JURISDICTION EVER E OR REVOKED?	Association  Sociation  FERENCES (Every prace Professional Service)  A.A.A.  STORY (If enswer to a Actice Medicine in Been Limited, susp	Mino Mino Mino Mino Mino Mino Mino Mino	ADC  Ot, 1  Ot, 1  Ot, 1  YES	ND ND queeto	Cons is '	Member  es. Two must be the formus fecility, if you had the that the the formus fecility, if you had the that the the that the the the the the the the the the th	701 83 701 85 701 85 701 85 701 85 RESTED OR TRE	39 7100 52 0735 52 6666 eparate the
North Dakota Medical  National Medical Ass  VII.  REF  WAME  BERCHMANS RIOUX  PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HI  A. HAS YOUR LICENSE TO PRANY JURISDICTION EVER E OR REVOKED?  B. HAVE YOU EVER BEEN RE A HOSPITAL MEDICAL STA	Association  FERENCES (Every pred Professional Service  2  STORY (If enswer to a Actice Medicing in BEEN LIMITED, SUSP	Mino Mino Mino Mino Mino Mino Mino Mino	ADC  Ot, 1  Ot, 1  Ot, 1  YES	ND ND queeto	Cons is '  GRUEN HANN  CAS  I. HAN  CLES	Member  es. Two must be the form  us fecility, if you had the  Base, State, Zip Code)  P B  TYES," give full details in  TE YOU EVER BEEN AF  TO OR ALCOHOL ABUSE  VE YOU EVER BEEN A  STECT OF A MEDICAL IN  AIM, SETTLEMENT, JUI  AIM  AIM  AIM  AIM  AIM  AIM  AIM  A	701 83 701 85 701 85 701 85 701 85 701 85 46 Francks of on seed of the seed of	7100 52 0735 52 6666 eparate she ATED FOR LONY
North Dakota Medical  National Medical Ass  VII.  REF  VIII.  NAME  BERCHMANS RIOUX  PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HI  A. HAS YOUR LICENSE TO PRANY JURISDICTION EVER E OR REVOKED!	Association  FERENCES (Every pred Professional Service  2  STORY (If enswer to a Actice Medicing in BEEN LIMITED, SUSP	Mino Mino Mino Mino Mino Mino Mino Mino	ADC  Ot, 1  Ot, 1  Ot, 1  YES	ND ND queeto	Consis'  Gons is'  HANN  CAS  LI HANN  OR  UN	Member  es. Two must be the form us fecility, if you had the Base, State, Zip Code)  Pres, "give full details in the Year of a Medical State, and the Year of a Medical State, settlement, July of Adultication, or state, and the Adultication, or state, and the Adultication, or state, and the Professional, or state, and the Professional, or state, and the Year of the Year	701 83 701 83 701 85	39 7100 52 0735 52 6666 eparate she ATED FOR LONY THE AUSTRA- ONETHICA
North Dakota Medical  National Medical Ass  VII.  REF  WAME  BERCHMANS RIOUX  PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HI  A. HAS YOUR LICENSE TO PRANY JURISDICTION EVER E OR REVOKED!  B. HAVE YOU EVER BEEN REA HOSPITAL MEDICAL STA  C. HAS YOUR REQUEST FOR PRIVILEGES EVER BEEN D	Association  ERENCES (Every pred Professional Service  2. A. A.  STORY (If enswer to e Actice Medicine in BEEN LIMITED, SUSP  FUSED MEMBERSHIP FIFT  ANY SPECIFIC CLINI DENIED OR GRANTEL	Mino Mino Mino Mino Mino Mino Mino Mino	ot, lot, lot, lot, lot, lot, lowing	ND ND Questo	Consis'  HANGEL  HANGE	Member  es. Two must be the form us fecility, if you had the lease, State, Zip Code)  P 3  "YES," give full details in the You ever been a spect of a Medical in the You ever been a spect of a Medical in the Adjudication, or open charges of the professional, or st "YES" WAS THE MATT  SETTLED PRIOR TO F	701 83 701 85 70	7100 52 0735 52 6666 eparate she ated for
North Dakota Medical  National Medical Ass  VII.  REF  WAME  BERCHMANS RIOUX  PIERRE RIOUX  IRWIN EPSTEIN  VIII. CREDENTIALS ACTION HI  A. HAS YOUR LICENSE TO PRANY JURISDICTION EVER EA HOSPITAL MEDICAL STA  C. HAS YOUR REQUEST FOR PRIVILEGES EVER BEEN DE STATED LIMITATIONST  D. HAVE YOUR PRIVILEGES	Association  ERENCES (Every pred Professional Service  2  STORY (If enswer to e  ACTICE MEDICINE IN BEEN LIMITED, SUSP  FUSED MEMBERSHIF FIFT  ANY SPECIFIC CLINI DENIED OR GRANTED  AT ANY INSTITUTIO  TRICTED, OR REVO	Mino Mino Mino Mino Mino Mino Mino Mino	ot, lot, lot, loving	DRESS ND ND ND ND X X X	(City)   (Ci	Member  es. Two must be the form us fecility, if you had the Base, State, Zip Code)  Property of the fermion of	TELE 701 83 701 85 701	7100 52 0735 52 6666 eparate the ATED FOI LONY

معيمون المنادان والمدمل بالماريجين الرازان

## STATEMENT OF APPLICANT (PLEASE READ CAREFULLY BEFORE SIGNING)

All information submitted by me in this application is true to the best of my knowledge and belief. In making this application for clinical privileges at this hospital, I acknowledge my obligation to provide continuous care and supervision of my patients, to accept committee assignments, to accept consultation assignments, and to participate in staffing the emergency area and other specialty care units.

I certify that any false or incomplete information knowingly provided, on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.

I hereby authorize the hospital, its medical staff, and their representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated and with others who have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the hospital, its medical staff, and its representative of all documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability any and all individuals and organizations who provide information to the hospital, or its staff, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for clinical privileges, and hereby consent to the release of such information. I further agree to release and hold harmless from any liability the United States and any and all persons who participate within the scope of their duties in good faith and without malice in the review of or any action or recommendations relating to my professional competence, ethics, character, and other qualifications. I hereby further authorize the hospital to communicate to other hospitals and to other persons or organizations with a legitimate interest therein any information concerning my professional competence, character, and ethics that the hospital may have or acquire, and, where such communication is made in good faith and without mailee, I consent thereto and agree to hold the hospital and its authorized representatives free from liability, therefor. I understand and agree that I, as an applicant for clinical privileges, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any double about such qualifications. I further acknowledge that I am familiar with the principles and standards of the Joint Commission on Accreditation (JCAH) and will cooperate with the hospital in maintaining ICAH standards for the hospital. I also agree to conduct any practice according to high ethical traditions. I particularly agree to subject my clinical performance to, and faithfully participate in, the hospital's quality assurance programs as the same shall from time to time be in effect.

and ethical qualifications for staff membership.		DATE
SIGNATURE OF APPLICANT DE BEAT	Charles	05-01-91
FOR CREDENTIAL CO	MMITTEE USE ONLY	<u> </u>
BEV	TEW	
X.  RECOMMEND   APPROVAL   DISAPPROVAL	RECOMMEND DEPROVAL DES	SAPPROVAL
MAPPROVAL WITH MODIFICATION	SIGNATURE OF DEPARTMENT CHAIRPERSON	DATE
SIGNATURE OF SERVICE CIMER DATE  19 UNQ 11		
	OR OCONSULTING PRIVILEGES	
XI. DEROVISIONAL, COURTESY,	DATE	
SAPPROVAL DISAPPROVAL RAPPROVAL WITH MODIFI	100/00/00/00/00/00/00/00/00/00/00/00/00/	10 Jun 92
SIGNATURE OF MEDICAL FACILITY COMMANDER OR DESIGNATED RE	wax	10 Jun 91
XII. CREDENTIALS COMM	ITTEE RECOMMENDATION	
DEFINED PRIVILEGES  DAFFROVED  DISAPPROVED	APPROVED WITH MODIFICATION	IDATE
SIGNATURE OF CREDENTIALS COMMITTEE CHAIRPERSON  A LATER P White Chairperson	+	26 May 9
ESECUCIAL FACILITY	COMMANDER APPROVAL	
CLINICAL PRIVILEGES    CLINICAL PRIVILEGES   DISAPPROVED	因 APPROVED WITH MODIFICATION 1	
SIGNATURE OF MEDICAL FACILITY COMMANDER MASCON SUIZEON	JMFC is not a physician)	27 Ming 92
REMARKS 19 Jun 91 - Modifications are as follows: It	tem A.4.e, Biofeedback was reques	sted as a (1),
however approved as a (3), due to lack of fa-	cility support.	

### STATE OF NORTH CAROLINA

In re:	)	CONSENT ORDER
JAMES H. BLAND, M.D.,	)	
Respondent	)	
	)	•

THIS MATTER is before the Board of Medical Examiners of the State of North Carolina ("Board") regarding certain matters with respect to James H. Bland, M.D. ("Respondent"); and

Whereas, the North Dakota Board of Medical Examiners on September 14, 1993, entered an Order revoking the license of Respondent with the revocation stayed on certain conditions; and

Whereas, the Order of the North Dakota Board of Medical Examiners was a result of a complaint issued on March 3, 1993 alleging that Respondent gave false information on his application for a North Dakota medical license, by indicating that he had received an honorable discharge from the United States Army on April 15, 1989, when in fact his discharge was "under other than honorable conditions"; and

Whereas, the foregoing constitutes grounds under N.C.Gen.Stat. Section 90-14(a)(13) for revocation of Respondent's license to practice medicine in North Carolina; and

forth and the Board finds that it would be in the public interest to so proceed.

Now, therefore, with the consent of Respondent, it is hereby ordered that Respondent's license to practice medicine in the State of North Carolina is hereby revoked; provided however that such revocation is stayed upon the following terms and conditions:

- Respondent shall abide by the terms of September 14, 1993 order of the Board of Medical Examiners of the State of North Dakota.
- 2. Respondent shall submit to a psychiatric evaluation by a psychiatrist acceptable to the Board and assure that a copy of the evaluation by that psychiatrist is provided to the Board.
- 3. Respondent shall not practice medicine in North Carolina until such time as he receives written approval from the Board including any limitations on Respondent's practice as the Board deems appropriate.
- 4. Respondent shall abide by all laws.
- 5. Failure of Respondent to abide by the terms of this order shall be grounds for revoking the stay issued herein.
- 6. Upon execution, this consent order shall become a public record within the meaning of Chapter 132 of the North Carolina General statutes and shall be subject to public inspection and dissemination.

### BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

	By: John Wesley President	Mance M.D.	Maure
Bryant B. Paris, Jr. Executive Secretary	(		
Consented to this the 24th day of	February	, 1994.	

Subscribed before me by

MARY SUE KNUTSON
Notary Public, Ward County, N. Dek
My Commission expires: My Commission Expires July 25, 1995